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A CONSENSUS OF MEDICAL OPINION UPON QUESTIONS RELATING TO SEX EDUCATION AND VENEREAL DISEASE CAMPAIGNS

JOHN B. WATSON, PH.D.

Department of Psychology, Johns Hopkins Hospital, Baltimore

K. S. LASHLEY, PH.D.

Assistant Professor of Psychology, University of Minnesota

IN the early summer of 1919, the United States Interdepartmental Social Hygiene Board made a grant of \$6,600 to the Psychological Laboratory of the Johns Hopkins University for the purpose of assisting the laboratory in "investigating the informational and educative effect upon the public of certain motion-picture films used in various campaigns for the control, repression, and elimination of venereal diseases." At the time the grant was made, Dr. T. A. Storey, executive secretary of the board, suggested that the work should be carried out under the general supervision of an advisory board approved by the United States Interdepartmental Social Hygiene Board. Dr. Adolf Meyer, Dr. S. I. Franz, and Professor R. S. Woodworth have acted in such capacity throughout the work.

It seemed to the authors and to the advisory committee that before any experimental steps were taken in making the above investigation, it would be a distinct gain to obtain from medical men and women who have had most to do with problems in sex education and the actual treatment of venereal infections judgments and opinions as to what it is wise and safe to present to the public. In order to obtain these judgments, a questionnaire of very broad scope was prepared. This

questionary touched not alone upon questions dealing directly with campaigns against venereal disease, but also upon certain general questions of sex education.¹ The questionnaire was sent to all members of the American Psychopathological Association, the American Association of Genito-Urinary Surgeons, and the American Gynecological Society. Replies were received from the following:

American Psychopathological Association

Dr. E. Stanley Abbot	Dr. S. E. Jelliffe
Dr. T. H. Ames	Dr. Ernest Jones
Dr. A. M. Barrett	Dr. John T. MacCurdy
Dr. A. A. Brill	Dr. H. W. Mitchell
Dr. Helen W. Brown	Dr. Abraham Myerson
Dr. Sanger Brown, II	Dr. Samuel T. Orton
Dr. C. D. Camp	Dr. Charles Ricksher
Dr. I. H. Coriat	Dr. A. H. Ruggles
Dr. H. W. Frink	Dr. S. I. Schwab
Dr. H. I. Gosline	Dr. H. D. Singer
Dr. William W. Graves	Dr. H. C. Solomon
Dr. T. H. Haines	Dr. A. W. Stearns
Dr. R. W. Hall	Dr. Edward W. Taylor
Dr. G. Stanley Hall	Dr. J. S. Vanteslaar
Dr. R. C. Hamill	Dr. R. M. Van Wart
Dr. Arthur Hamilton	Dr. F. L. Wells
Dr. G. V. Hamilton	Dr. W. A. White
Dr. William Healy	Dr. C. C. Wholey
Dr. J. Ramsay Hunt	Dr. T. A. Williams
Dr. G. A. Young	

American Association of Genito-Urinary Surgeons

Dr. Horace Binney	Dr. W. E. Lower
Dr. R. C. Bryan	Dr. W. C. Quinby
Dr. Hugh Cabot	Dr. E. H. Siter
Dr. J. B. Clark	Dr. G. G. Smith
Dr. A. H. Crosbie	Dr. A. R. Stevens
Dr. J. H. Cunningham	Dr. John H. Stokes
Dr. F. E. Gardner	Dr. G. K. Swinburne
Dr. J. A. Gardner	Dr. G. S. Whiteside
Dr. H. S. Kretschmer	Dr. A. C. Wood

¹ While our primary object in this investigation was to get judgments that would bear directly upon the question as to whether certain motion-picture venereal-disease campaigns are serving useful purposes, it is obvious to every one that the construction and evaluation of a film cannot be considered apart from the broader question of sex education. Parts I and II of our questionnaire deal with the general problems of sex education; part III deals directly with those factors which are of chief importance in venereal-disease campaigns.

American Gynecological Society

Dr. F. L. Adair
 Dr. J. M. Baldy
 Dr. L. H. Bernd
 Dr. H. T. Byford
 Dr. Hugo Ehrenfest
 Dr. Ella B. Everitt

Dr. R. R. Huggins
 Dr. J. C. Litzenberg
 Dr. W. P. Manton
 Dr. Jeanette H. Sherman
 Dr. H. C. Taylor
 Dr. J. W. Williams

Since the response to this questionnaire was so generous and since so many valuable judgments and opinions were formulated, we have thought it worth while to summarize the material so collected under each division of the questionnaire. The answers present so many divergent points of view that it has not been possible to classify them rigidly. The view of the majority is given in our summary under each question, and in addition we have quoted various divergent opinions that seem representative.¹ In general we have tried to present one or two opinions on the affirmative side of the question, followed by quotations that answer the question affirmatively, but with certain reservations, and finally by quotations that answer the question in the negative. At the end of these summaries we have tried to bring together the bearing of the questionnaire as a whole upon the scientific problems of the preparation of moving-picture films, propaganda against venereal disease, etc.

In the summaries under each question, group A embraces all replies of the members of the American Psychopathological Association; group B embraces those of the American Association of Genito-Urinary Surgeons and the American Gynecological Society.²

The first problem is to determine the consensus of medical opinion as to the amount and kinds of information concerning normal sexual processes that should be included in a pro-

¹ The complete replies are unquestionably worth preserving. For this reason we have prepared complete copies of all replies, representing about two hundred pages of typewritten material. These copies have been deposited as follows: United States Interdepartmental Social Hygiene Board, Washington; American Social Hygiene Association, Inc., New York; National Committee for Mental Hygiene, Inc., New York; Phipps Psychiatric Clinic, Baltimore; Boston Psychopathic Hospital, Boston.

² In giving replies, only those received from the medical men of the American Psychopathological Association were used. The replies of members of the advisory committee were likewise omitted.

gram of education for average adults to protect them from venereal infections and from maladjustments in marriage. It should be borne in mind that the great majority who are to be instructed lack a complete high-school education.

I. WITH RESPECT TO SEX INSTRUCTION OF ADULTS

1. Should information given to men and women differ? If so, in what respects? (At least one recent book advocates instruction for boys at puberty, but no instruction for girls until marriage.)

There were no unqualified affirmative replies in either group A or B, specifying completely different sex training for men and women.

In group A, 15 gave affirmative answers with qualifications. In group B, 13 gave similar answers. Samples of answers with qualifications are as follows:

Dr. Helen W. Brown: "Information for men and women should differ chiefly in that men should be instructed more in male physiology and women in female. In sociology they should be given the same body of facts."

Dr. G. V. Hamilton: "Yes. Less explicit information to girls until just before marriage; but both girls and boys ought to know the essential facts of reproduction long before puberty."

Dr. Abraham Myerson: "Information given to men and women should differ. Men should receive more instruction in venereal disease and the dangers of prostitution; women more instruction on birth and its relationship to intercourse. Every boy should be taught at puberty, but not every girl. Individual differences would have to be kept in mind."

Dr. S. I. Schwab: "Yes. In girls the physiology of menstruation is the most outstanding fact. In boys the physiological aspect is of less consequence."

In group A, 21 physicians gave negative answers without qualifications to the effect that instruction for men and women should not differ. In group B, 17 such answers were returned. Types of negative answers are as follows:

Dr. A. A. Brill: "No, they should be given the same information. They should be told everything."

Dr. R. W. Hall: "No, there is too little knowledge and appreciation of the problems of the opposite sex as it is."

Dr. S. E. Jelliffe: "I do not believe different instruction desirable."

In many of the affirmative answers with qualifications, one qualification consisted in a recommendation that there should be a difference in instruction for young boys and girls. When instruction for adults is considered, their answers should be grouped with the unqualifiedly negative answers.

In general all of the contributors agreed that such instruction is desirable and should be given to both men and women and that instruction should start at an early age. In at least two instances, however, statements were made to the effect that no instruction should be given to girls until marriage.

2. Should the anatomy and physiology of the individual's own sex organs be taught? . . . If so, should the instruction aim to give details or to include only such facts as come directly within the individual's experience—erection and ejaculation in men, menstruation in women?

In group A, 18 replied that the anatomy and physiology of the individual's own sex organs should be taught with all possible detail. In group B, 14 gave affirmative answers. Types of such answers are as follows:

Dr. E. Stanley Abbot: "Yes. Instruction in anatomy and physiology of reproduction should be given with about the same amount of detail as that of circulation, digestion, etc. This would include more than comes within the individual's experience."

Dr. Sanger Brown, II: "I would approve giving detailed instruction, but in such a way as to avoid morbid curiosity."

Dr. T. H. Haines: "Teach biologically the significance of the sexual act for race and individual. This makes anatomy and physiology necessary, but incidental to sex hygiene."

Dr. W. A. White: "I think enough should be taught so individuals can have an intelligent understanding of the function of these organs."

In group A, 14 agreed that anatomy and physiology of the individual's own sex organs should be taught, but without

detail, and that only such factors as come within the individual's own experience should be considered. In group B, 14 gave similar answers. Types of answers are as follows:

Dr. I. H. Coriat: "Yes; the finer anatomical and physiological details may be omitted."

Dr. Samuel T. Orton: "Only the facts of direct experience."

Dr. R. M. Van Wart: "Yes; instruction should be limited to the necessary details."

Dr. C. C. Wholey: "Yes. But only to the extent of giving a general, but common-sense understanding of the anatomy and functions, using comparative anatomy for illustrative purposes and human anatomy of the same sex as that of the audience being addressed. The material dealt with should not go beyond the facts coming within the individual's experience."

In group A, 3 replied that no instruction whatsoever should be given. In group B, 2 returned similar answers. Types of answers are as follows:

Dr. C. D. Camp: "I see no reason for such instruction except to say that they are quite natural."

Dr. A. W. Stearns: "No. See no reason for teaching sex anatomy more than that of heart or stomach. Do not believe sex should be featured."

3. Should the anatomy and physiology of the organs of the opposite sex be taught in the same detail?

In group A, 14 physicians answered unqualifiedly yes. In group B, 5 gave affirmative answers. Types of affirmative answers are as follows:

Dr. T. H. Ames: "Yes. To children and to adults."

Dr. H. W. Frink: "Yes. I consider this quite important. I often see patients, both males and females, who, having had until well into adolescence erroneous ideas of the anatomy of the opposite sex, had indulged for some years in masturbative or other erotic fantasies of sex acts based on these erroneous conceptions. The result is that, in psychoanalytic language, a certain portion of the individual's libido is 'fixed' upon these fantasies which it is then difficult to transfer to normal sex aims when legitimate occasions for sex relations occur. Ignorance, in short, favors the formation of sexual aims which are either definitely perverse or at

least impossible of fulfilment in a normal sex life. This in turn forms marital dissatisfaction, or the development either of perversion or neurosis. Since adolescent and pre-adolescent sex desires must exist, and, if existing, they must have some goal, it is obviously better that such goals be normal ones."

Dr. R. W. Hall: "Yes. (For the reason under 1.) There is much curiosity concerning the opposite sex and this will be gratified somehow and may as well be accurate and controlled information."

Dr. Ernest Jones: "Yes."

Dr. J. S. Vanteslaar: "That is highly desirable, *on the part of the right instructor*; otherwise mischievous."

In group A, 10 gave affirmative answers with qualifications. In group B, 6 gave similar answers. Types of such answers are as follows:

Dr. T. H. Haines: "Only as necessary to give the proper biological and social perspective to personal hygiene."

Dr. H. C. Solomon: "I believe that the anatomy and physiology of the organs of the opposite sex should be taught in the same detail as that of the own sex, qualifying this remark again by the age limitation; that is, I do not believe that much detail about the opposite sex should be gone into before the adolescent period. I do not mean that it should be avoided, but it should not be made a matter of detailed explanation."

Dr. J. W. Williams: "The male should be instructed particularly in the anatomy and physiology of his organs, and only generally those of the female, and vice versa."

In group A, 13 gave an unqualified negative response. In group B, 18 opposed the teaching of the anatomy and physiology of the organs of the opposite sex in the same detail. In general the negative responses were left entirely unqualified. Types of answers are as follows:

Dr. J. M. Baldy: "No, it only excites curiosity and may readily be the final determining factor of the downfall."

Dr. Arthur Hamilton: "No."

Dr. C. C. Wholey: "No, it would serve no necessary purpose and its chief effect would be to arouse sexual desire."

It is quite evident from the answers of the group as a whole that in group A the affirmative and negative are about equally divided, but that in group B the negatives far preponderate.

4. Should details of ovulation, impregnation, and the development of the embryo be taught or should instruction be limited to the external manifestations of pregnancy and to personal hygiene?

In group A, 15 of the replies favored unlimited instruction in the details of ovulation, impregnation, etc. In group B, 8 gave unqualified support to the teaching of detail. Types of answers are as follows:

Dr. T. H. Ames: "By all means the details of ovulation, impregnation, and the development of the embryo—as in botany and zoology."

Dr. H. I. Gosline: "All should be taught. Not all will be grasped, I take it."

Dr. H. W. Mitchell: "See no harm in teaching to the limit of opportunity and individual capacity."

In group A, 19 replied to the effect that instruction should be limited to the external manifestations of pregnancy and to personal hygiene. In group B, 20 spoke for limited instruction.

Dr. A. A. Brill: "Instruction should be limited to the external manifestations, etc."

Dr. Samuel T. Orton: "With the grade of intelligence indicated above, the details could hardly be properly presented."

Dr. S. I. Schwab: "To pregnancy and hygiene."

Dr. H. D. Singer: "Chiefly personal hygiene."

In group A, 2 maintained that no instruction of any kind should be given. In group B, 1 returned a similar answer.

Dr. A. W. Stearns: "Both might do harm."

5. Should members of either or both sexes be instructed before marriage in the physiology and psychology of coitus? . . . If so, with what detail?

Answers to this question were somewhat complicated by reason of the fact that many who believe thoroughly in the complete instruction in the physiology and psychology of coitus differ somewhat as to when instruction should begin and as to whether it should be given to both men and women. The general sentiment seemed to be that such instruction should be gradually led up to, so that by the time of marriage both sexes would have complete information. Those answers which are marked affirmative, then, agree that such instruction should be given, but they would show differences as to the time at which such instruction should be given.

In group A, 18 gave an unqualified affirmative, whereas in group B, 7 gave similar answers.

Dr. T. H. Ames: "Yes, both sexes should be instructed in complete detail, telling of the various possibilities of the experiences of a neophyte compared to the experienced person. Particularly should they be told that experience makes perfect."

Dr. S. E. Jelliffe: "I believe so; in considerable detail."

Dr. C. C. Wholey: "Adults only; both sexes chiefly along lines having to do with the psychology. The matter should be handled with a view to emphasizing the dignity and value and biological place of sexual relations; it should aim to break down morbid and unnatural fears which have grown up out of religious bias or by reason of impressions instilled through hysterical individuals. It should, also, aim to evaluate sexual relations properly, so that the individual will discontinue making this the primary aim of his or her existence and appreciate the dangers to married life of seeing nothing beyond sexual gratification."

Dr. G. A. Young: "Yes. To the end that normal orgasms should be attained by both parties."

In group A, there were 10 affirmative answers with reservations, whereas in group B, there were 12.

Dr. W. P. Manton: "Questionable. Young men are usually informed; young women are often ignorant, and in many instances benefit would result if they could be informed what to expect."

Dr. Abraham Myerson: "Just before marriage members of both sexes should be instructed in the physiology and psychology of coitus. Details should be given to the man, general aspects of the situation to the woman."

Dr. E. H. Siter: "Necessary for the female."

Dr. G. S. Whiteside: "Yes, especially men. Details should be explicit. Many men shock women through clumsiness and ignorance."

In group A there were 4 completely negative answers; in group B, 10.

Dr. T. H. Haines: "No. Embryology is sufficient. The psychology of the unexperienceed can be of no service in control."

Dr. J. M. Baldy: "No, only excites curiosity. Can see no possible good to offset that fact."

Dr. Hugh Cabot: "Such teaching is highly risky business, and I am unwilling to assent to it at present."

Dr. Charles Ricksher: "I can see no special reason why they should be."

Dr. Jeanette H. Sherman: "No."

Several physicians answered frankly: "I do not know."

6. *How frequent, in your experience, are cases of maladjustment in marriage relations because of the husband's ignorance of sexual processes in women?*

In group A, 14 gave unqualified assent that maladjustments from such a cause are frequent. In group B, 11 gave similar answers.

Dr. T. H. Ames: "Very frequent. Many men married twenty years never knew women have orgasms and never try to give their wives satisfaction, thinking only of themselves."

Dr. Hugh Cabot: "Very common."

Dr. G. V. Hamilton: "So frequent as to constitute a serious problem in hygiene."

Dr. J. C. Litzenberg: "Very many—a large percentage."

Dr. E. H. Siter: "Eighty per cent."

Dr. J. S. Vanteslaar: "This is one of the most common causes of maladjustment and one of the most prolific sources of morbidity in both sexes."

In group A, 5 gave an affirmative answer with certain reservations. In group B, there was only 1 such answer.

Dr. E. Stanley Abbot: "I have no data. It seems to me inevitable that other factors than this special ignorance would enter into the causation of maladjustment in this field, and their relative values would be difficult to determine. I had one case in which there was not maladjustment in marriage relations, in which the husband did not know when or whether his wife was menstruating."

Dr. J. Ramsay Hunt: "Impossible to say. In my opinion it is not so much a question of ignorance as lack of instinct and interest. In other cases it is a serious disorder requiring appropriate treatment."

In group A, 9 replied with an unqualified negative or with the statement that it was extremely rare. In group B, 14 returned similar answers.

Dr. L. H. Bernd: "Have seen but one case."

Dr. Horace Binney: "Never."

Dr. I. H. Coriat: "Very rare."

Dr. T. H. Haines: "Do not know of any such."

Dr. Jeanette H. Sherman: "Infrequent."

Dr. A. W. Stearns: "Rarely and only in psychopaths."

Dr. J. W. Williams: "Very rarely."

7. Is this sufficient to justify a demand for instruction of young men in the psychology of sex?

In group A, 16 returned unqualified affirmative answers; in group B, 10.

Dr. J. M. Baldy: "I think this is one of the important points of teaching on these subjects."

Dr. Hugh Cabot: "I have no doubt that satisfactory personal instruction in the psychology of sex before contemplated marriage would save much maladjustment."

Dr. G. V. Hamilton: "Yes, but instruction must not be entrusted to other than well-trained psychologists."

Dr. J. S. Vanteslaar: "The demand for such instruction is one of the most acute needs of civilization. I doubt whether the proper technique for the work has been established. I know that the right kind of instructors are extremely rare."

In group A, there were 7 affirmations with reservations; in group B, 2.

Dr. F. E. Gardner: "Yes, with marriage in view, but not otherwise."

Dr. R. M. Van Wart: "There is as a rule not a sufficient number of cases of this character to justify details. Instruction in most cases of this character has occurred in individuals who are otherwise than psychopathic."

Dr. G. S. Whiteside: "Yes, but not in the perverted mode of the degenerate. Normal sex psychology is best."

In group A, there were 10 negative replies; in group B, 15.

Dr. F. L. Adair: "I think not."

Dr. J. H. Cunningham: "No."

Dr. J. Ramsay Hunt: "No, those who need such instruction usually require intensive individual treatment and would not benefit by public lectures or instruction in this matter."

8. *How frequent, in your experience, are cases of serious emotional shock at first coitus in women?*

In group A, 5 affirmative answers were returned; in group B, 2.

Dr. A. M. Barrett: "They are rather frequent."

Dr. Hugh Cabot: "I think them common."

Dr. Ernest Jones: "Very."

Dr. J. T. MacCurdy: "I believe it extremely frequent."

Dr. J. S. Vanteslaar: "They are very frequent and owe their serious nature to the fact that they are part and parcel of an unhealthy attitude of mind which can be corrected only by judicious, careful, long-continued instruction and educational readjustment to the whole matter of sex."

In group A, there were 4 affirmative answers with reservations; in group B, 4.

Dr. A. A. Brill: "Not very frequent, unless both are ignorant, but it is not unusual."

Dr. J. C. Litzenberg: "Not many, but have known of several."

In groups A and B, there is an overwhelming agreement that shock at first coitus is rare. In group A, 22 of the answers stated that shock either never occurs or occurs very rarely. In B, 22 returned the same reply.

Dr. Helen W. Brown: "Not very frequent."

Dr. Samuel T. Orton: "Practically only in prudes and other neuropathics."

Dr. A. H. Ruggles: "Very infrequent."

Dr. S. I. Schwab: "I have never seen such a case."

Dr. J. W. Williams: "Extremely rare if the man has decent instincts."

9. Do you find that sexual anaesthesia is frequently ascribable to this cause?

In group A, 4 replies stated without qualification that sexual anaesthesia in women is frequently the result of emotional shock at first coitus. In group B, there were only 2 affirmative replies.

Dr. T. H. Ames: "Yes, the woman 'holds back' from what is disagreeable."

Dr. A. M. Barrett: "Yes."

Dr. Sanger Brown, II: "Sexual anesthesia is very complex psychologically, but may be caused in this way."

Dr. Hugh Cabot: "Yes, though full sexual anesthesia is a slow development."

In group A, 10 affirmative replies with reservations were received. In group B, 4 returned similar replies.

Dr. A. A. Brill: "Yes, but as a rule it is more fundamental; most cultured women are more or less anaesthetic during the first period of married life."

Dr. S. E. Jelliffe: "It is said so, but close inquiry usually reveals other affective situations as the underlying cause."

Dr. J. C. Litzenberg: "Sometimes."

Dr. Samuel T. Orton: "Only in neuropathics."

Dr. W. A. White: "Probably only partially."

As in the preceding question, negations outweighed all affirmations. In group A, 14 replied with unqualified negatives, and in group B, 14 returned negative answers.

Dr. Ella B. Everitt: "No."

Dr. J. T. MacCurdy: "I would rather not say that sexual anesthesia is ascribable to this cause, but rather that the shock and the subsequent anesthesia are both the result of a preexisting abnormality."

Dr. G. S. Whiteside: "No. I believe sexual anesthesia due to lack of preliminary stimulation."

Dr. C. C. Wholey: "No, not unless some anomalous psychic condition has previously existed."

There are 10 physicians who state frankly that they "do not know," they "have never investigated," or that their "facts do not warrant an opinion."

10. How frequently is maladjustment the result of the woman's belief in the obscenity of all sex relations?

In group A, 8 replied that it was frequently ascribable to this cause. In group B, 8 returned similar answers.

Dr. H. T. Byford: "Quite frequently."

Dr. J. Ramsay Hunt: "Quite frequently; because of her lack of interest and lack of instinct—and from a neurotic constitution and bad environment, where all joy and pleasure are regarded as sinful."

Dr. S. E. Jelliffe: "About 25 per cent of some thousand cases inquired into. Higher percentages among the so-called upper classes and religious people."

Dr. Ernest Jones: "Always."

Dr. E. H. Siter: "Seventy-five per cent."

Dr. J. H. Stokes: "Thirty per cent."

Dr. T. A. Williams: "Quite frequent."

In group A, there were 6 qualified affirmatives; in group B, 5.

Dr. Hugo Ehrenfest: "I feel that this is entirely dependent upon the religious instruction received since puberty; while probably not often causing maladjustment, the feeling of the obscenity of coitus is not rare."

Dr. W. E. Lower: "Believe it is only a small class that has this belief."

Dr. J. T. McCurdy: "I believe that the obscenity of sex is certainly a factor in this situation, but I believe that it is more of a rationalization than a primary cause."

In group A, 15 replied unqualifiedly in the negative, and in group B, 15 returned negative answers.

Dr. W. W. Graves: "The average or so-called normal woman could not entertain such belief. To entertain such ideas in connection with the primitive maternal (sexual) instinct is strongly presumptive evidence of abnormality."

Dr. R. W. Hall: "Infrequent. Women have a surprising 'matter-of-fact' attitude. Most of the cases that I recall who developed neurosis to avoid intercourse had other reasons than obscenity."

Dr. W. C. Quinby: "Rarely. Such belief, though not very rarely advanced as a cause, is not often *honest*—i. e., often a woman giving this belief as a cause of maladjustment is *lying*."

Dr. A. C. Wood: "Have met but one case."

Dr. J. W. Williams: "Very rare, as far as I know. I have only seen two such cases."

11. Do these conditions justify a demand for instruction concerning coitus for women before marriage? . . . If so, at what age should it be given?

In summarizing this question, we shall discuss the second part of it—the age at which sex instruction should be given—separately below. In regard to the first part, it was found that in group A, 25 returned positive answers to the effect that these conditions justify a demand for instruction concerning coitus for women before marriage; group B returned 12 positive answers.

Dr. A. H. Crosbie: "Just before marriage."

Dr. J. A. Gardner: "Yes; twenty years."

Dr. R. C. Hamill: "Yes; when asked for. If it can be given early, it may never be regarded as improper knowledge."

Dr. Ernest Jones: "Yes; as early as possible."

Dr. J. C. Litzenberg: "Yes! Not too early."

Dr. A. H. Ruggles: "Yes; just previous to marriage."

Dr. G. G. Smith: "Yes; immediately before marriage."

Dr. W. A. White: "Yes; during adolescence."

In group A, 4 returned reserved affirmations. In group B, 8 replied affirmatively with certain qualifications.

Dr. F. E. Gardner: "It is desirable for women to receive such instruction before marriage, but only when the latter is intended."

Dr. H. I. Gosline: "Opportunity should be given. A 'demand' is too strong. When the woman wants to know. It is an individual matter."

Dr. W. P. Manton: "To a limited degree. Just before marriage."

Dr. J. S. Vanteslaar: "Theoretically, yes; a practical difficulty is to find teachers possessing the right tact, knowledge, and inspiration for the task."

In group A, there were 7 negative replies; in group B, 9.

Dr. J. M. Baldy: "No. Not at all, unless by the mother."

Dr. C. D. Camp: "No. The difficulty arises from improper education, not lack of it."

Dr. J. H. Cunningham: "No."

As far as the age is concerned at which such instruction should be given, the distribution of answers is as follows: 7 stated that instruction should be given when and as curiosity begins to manifest itself; 11 stated that instruction should begin at puberty or at the close of puberty; 21 stated that instruction should be given just prior to marriage. In this group are included those who stated that information should be given just before engagement or when marriage age is reached. It is interesting to note that 13 of those who returned this latter answer belonged to group B.

12. *What methods do you use in dealing with such maladjustments and with what success?*

The replies to question 12 were of such a character that it seems best to quote freely various types of answers rather than to attempt any analysis. The following replies were all taken from group A. The replies returned by group B showed quite clearly that they are not used to dealing with such problems. This is easily understandable in view of the fact that their primary interest is in surgery.

Selected Types of Reply

Dr. T. H. Ames: "Methods combining instruction in anatomy, physiology, psychological reactions, and psychoanalysis. Success depends upon the patient's intelligence and desire to overcome the difficulty. Some people do not care either to improve or to give satisfaction to their mate."

Dr. A. A. Brill: "In intelligent cases, I always resort to analysis with excellent success."

Dr. C. D. Camp: "Find the source of the wrong impression and reeducate. If the source can be found, success is frequent."

Dr. L. H. Coriat: "A rational explanation based upon the psychoanalytic conception of the sexual emotions and cravings."

Dr. H. W. Frink: "Most of the cases of maladjustment that I am called upon to deal with are serious ones, and I use the method of psychoanalysis, with good success generally. In many cases, a few frank talks with one or both parties is sufficient.

"I have recently come across a book called *Sane Sex Life and Sane Sex Living*, by Dr. H. W. Long, which I have given to certain couples, and they derived great benefit from reading it. Unfortunately the book has several glaring faults—e. g., misstatements as to sex physiology, an ill-considered recommendation of *coitus reservatus*, etc.—but it is the only work I happen to know of that is at all likely to teach ignorant and inhibited people the proper spirit of the sex relations or give them any real insight into the *ars amandi*. A book written in somewhat the spirit of this one, but by a person having a little sounder knowledge of the physiological and psychological factors involved, would be a very valuable instrument in dealing with many milder sorts of maladjustment. I do not feel very much in favor of such a book being made accessible to the unmarried, however."

Dr. W. W. Graves: "Education in matters of sex is the foundation of treatment, but each case presents its own problems; hence details cannot be given."

Dr. R. W. Hall: "It is largely a matter of leading the patient to face the situation frankly. The big majority of these cases are cleared up—or at least patched up. For an estimate of the patient's assets and make-up goes hand in hand with a facing of the situation, and constitutional traits are not easily altered. But if there is insight into them, there is just so much gained and future readjustment must take these things into consideration—just as a cripple regards his wooden leg. Still he walks."

Dr. R. C. Hamill: "Attempt to get the patients to tell themselves, in my presence, what the cause of the maladjustment is; then try to show them how they came to take their personal slants toward the matter, and how as towards a normal reflex action, such a slant is unjustifiable."

Dr. Arthur Hamilton: "Endeavor to explain the physiology of the situation to both parties. But such harm as develops has often already appeared, and it is difficult to undo the situation which has developed."

Dr. C. V. Hamilton: "Husband and wife are talked to separately. Husband is told how to excite his wife's sexual desire each time copulation is attempted; wife is told how to avoid undesirable pregnancy without injury, and how to insure occurrence of her orgasm and her husband's at the same moment. I have had better luck with this than with any other psychotherapeutic problem."

Dr. S. E. Jelliffe: "Much depends on the nature of the maladjustment;

- (1) Anxiety-neurosis type—need only straight instruction—finding out chief obstacles.
- (2) Compulsion cases—severe maladjustments are helped by psychoanalysis.
- (3) Some cases need divorce—but rarely (impotent husbands often, homoerotics chiefly.)"

Dr. Ernest Jones: "Psychoanalysis, with good success. But tedious and painful."

Dr. J. T. MacCurdy: "My experience is not large enough to justify generalizations as to the value of different methods. It is my opinion, however, that the only radical treatment of these maladjustments is a historical understanding of the conditions, which can be obtained only through rather vigorous individual analysis. The minor difficulties which depend merely on ignorance and misinformation may be met effectually by belated education."

Dr. Abraham Myerson: "Methods used involve a conference with both the man and the woman involved, separately and together; clear-cut explanation of the origin and symptoms, and the attempt to remove prudery, fear, and roughness."

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Dr. Samuel T. Orton: "Simple explanation of the normality of the processes and their place in the natural phenomena of both animal and plant world. In intellectual individuals is usually good except in long-standing cases and serious neuropathic disturbances."

Dr. A. H. Ruggles: "A straightforward talk concerning this subject, with a simple, straightforward explanation of it as a normal act."

Dr. Edward W. Taylor: "Analytical. Considerable success. The outlook is encouraging."

Dr. R. M. Van Wart: "The proper explanatory education of individuals with a rational viewpoint has in most instances led to a correction of the maladjustment."

Dr. W. A. White: "By psychoanalysis which uncovers the determiners."

Dr. C. C. Wholey: "Plain statements of fact, differing with type of individual being treated—methods of approach differing as widely as the types of individuals differ."

13. In your opinion, will a widespread knowledge in the unmarried of the physiology of sex lead to an increase in sex offenses?

In group A, 6 physicians indicated unqualifiedly their belief that a widespread knowledge of the physiology of sex would lead to an increase in the number of sex offenses. In group B, 9 returned similar replies.

Dr. H. S. Kretschmer: "Without any shadow of a doubt."

Dr. W. P. Manton: "Very apt to, especially in instance of young men, who like to 'prove all things.' "

Dr. Abraham Myerson: "I believe that a widespread knowledge in the unmarried of the physiology of sex will lead to an increase in sex offenses. I do not think that on the whole information tends towards protection."

In group A, 9 returned answers with reservations. In group B, 10 returned similar answers. The types of answers quoted will make clear the general nature of these reservations.

Dr. C. D. Camp: "Complete knowledge would not, but anything short of that would be likely to do so."

Dr. J. B. Clark: "A broad knowledge will not upset a broader mind; but a little knowledge is a dangerous thing."

Dr. H. W. Frink: "May increase the frequency of premarital intercourse, though probably not seriously. Will decrease the frequency of post-marital illicit intercourse, and of the offenses resulting from perverse sex impulses."

Dr. Arthur Hamilton: "Probably it will, but this is not sufficient to overbalance the propriety of the instruction."

Dr. J. W. Williams: "Yes, in the very young. No, in more mature individuals."

The majority of physicians in both groups stated unqualifiedly that such knowledge will not increase sex offenses. In group A, 21 returned answers to this effect; in group B, 17.

Dr. I. H. Coriat: "No, not if properly taught by competent persons."

Dr. S. E. Jelliffe: "No, quite the reverse."

Dr. J. C. Litzenberg: "No, if such education is accompanied by a moral, ethical, and religious side of the question."

Dr. G. K. Swinburne: "I do not believe so, but more likely to have the opposite effect if properly carried out."

14. What causes of illicit intercourse in adults have impressed you as most important?

In view of the importance of the question and the varied types of answers that were returned, it seems best to quote again rather freely rather than to attempt an analysis.

Replies from Group A

Dr. E. Stanley Abbot: "Self-indulgence; strong sex desire; superstition that it is necessary for health; that one must 'prove his manhood'; examples, teaching, and the taunts of companions; desire for experience; thoughtlessness and ignorance."

Dr. T. H. Ames: "1. Sexual desire. 2. Belief that intercourse is the thing that 'everybody is doing.' 3. Determination to do the forbidden thing."

Dr. A. M. Barrett: "Lack of consideration for the position of women. A feeling that intercourse is necessary for health."

Dr. Sanger Brown, II: "The power of the sex instinct in itself is the main cause."

Dr. C. D. Camp: "Boredom, enticement by the opposite sex."

Dr. I. H. Coriat: "Inability to properly sublimate the sexual craving."

Dr. H. W. Frink: "Within the particular sphere of my direct observation (which is pretty well limited to people of more or less culture, education, and intelligence) the commonest cause of illicit intercourse in adult males, whether married or unmarried, is undoubtedly that peculiarity of object-choice which Freud has discussed in his two papers on the psychology of the love-life. This peculiarity, which in very typical cases may be known as *Dirnen-Liebe*, consists in the fact that the man *prefers* as a sex partner the woman who has something of the *courtesan* about her, who is not too 'pure,' who is not his social equal, and whom he does not have to respect. Only with such a woman do sex desires and physical sex enjoyment, in a man of this type, reach their highest point, while with the 'pure' woman—the wife, for example—the physical sex feelings are inhibited in varying degrees, extending on the one hand from merely imperfect enjoyment of the sex relations to actual psychic impotence with the legitimate partner, on the other.

"The corresponding peculiarity of object-choice in the female is a real, though not nearly so frequent, cause of women's seeking illicit relations. Much more commonly, illicit relations in the case of married women are secondary to the fact that the husband belongs to the type above referred to and consequently does not or cannot assume the attitude that would bring out a normal sexual response in the wife. She then at length falls a prey to some man who can take a loverlike attitude toward her and give her a taste of real sexual courtship.

"I consider this peculiarity of object-choice in the male particularly important from the point of view of sexual education, for its development is by no means inevitable and may, I believe, be easily prevented by proper education in childhood.

"How common this sort of 'fixation' is among the lower classes I do not know, but I imagine that with them it is less common and less important than with the educated, while, on the other hand, the economic factors and mental defects increase in importance as causes of illicit intercourse."

Dr. H. I. Gosline: "The unmarried state. The causes of this are as diverse as the personalities and the environments involved."

Dr. W. W. Graves: "1. The sexual instinct. 2. Psychopathic personality. 3. Feeble-mindedness. 4. Evil associations. 5. Economic conditions. 6. Alcoholism."

Dr. T. H. Haines: "The widespread belief that the male must have intercourse to be healthful. Alcohol is secondary."

Dr. R. W. Hall: "1. Propinquity. 2. As I recall the A. E. F. venereal statistics (Ashburn), one-third of the group had no intercourse in France, one-third very infrequently, and one-third when opportunity occurred. Whatever rôle alcohol played here before the war, it was a factor in a surprisingly low percentage of infections in the A. E. F. Houses of prostitution are of course a big factor everywhere (where they exist). To the average man a stimulating setting precedes a need. Among the married the man's getting 'fed up' with the marital situation is obviously the most frequent cause. If there were a bigger element of the chase after marriage, there would be less jumping over the traces. Among the unmarried, postponement of a marital state till economic factors permit is of considerable importance. But the main thing after all is the woman's attitude, especially in the face of pressure."

Dr. R. C. Hamill: "The frigidity of women, the curiosity of men."

Dr. Arthur Hamilton: "Too close association of the sexes with no supervision."

Dr. G. V. Hamilton: "Lack of decent ideals embodied in an affective and intellectually acceptable formulation of religious belief; economic obstacles in the way of early marriage; failure of husbands to seduce wives and consequent sexual indifference of wives; wives' fear of pregnancy; uncongenial relations between spouses."

Dr. S. E. Jelliffe: "1. Selfishness of men who want something for nothing. 2. Ignorance of consequences. 3. Promises of marriage. 4. Vanity and love of finery among women."

Dr. Ernest Jones: "Presence of sexual instinct."

Dr. J. T. MacCurdy: "Apart from the fundamental importance of the sex instinct itself, I believe the most important causes are to be found in the real rather than in the assumed attitude of society. Even in this country the practical standards of so-called morality vary tremendously in reference to the conduct of both sexes."

Dr. H. W. Mitchell: "Tolerance of the 'double standard.' Inability to provide homes and commercialized prostitution, for men. Poverty, inability to secure luxuries desired, strong sex appetite and alcoholic indulgence, for women."

Dr. Abraham Myerson: "1. Alcoholism. 2. Association in business, as for example the employer and the employed, master and maid-servant. 3. Desire for luxuries and luxurious pleasures (a good time, theater, cabaret, etc.) 4. Uniforms. 5. Incompatibility and dissatisfaction with the mate; absence or sickness of the wife

or husband. 6. Desire to break away from the monotony finds its chief outlet in sex excitement, flirting, dancing, etc.; modern dress and the prevalence of sex themes in the movies and theaters and the prominence of sex crimes in the papers tend to emphasize the situation. 7. The main cause, of course, is the polyvalent sex feeling rarely satisfied by marriage, constantly inhibited and constantly breaking through the restraint. It is perhaps cynical to say this, but nevertheless true that the majority of continent adults are such through fear, prudery, or lack of opportunity."

Dr. S. I. Schwab: "1. Accidental meetings. 2. Alcohol. 3. Mental conflicts. 4. Medical advice to men. 5. Adventure and imitation. 6. Sexual desire awakened by 'rotten' books, pictures, plays, etc."

Dr. H. C. Solomon: "The most important factor, I believe, is that of the environmental condition under which one is living; in other words, the ethical and moral ideals of the group with which one associates."

Dr. Edward W. Taylor: "Late marriage, economic conditions, drink, lack of knowledge, bad associates."

Dr. R. M. Van Wart: "Individuals in whom the desire is difficult to control."

Dr. W. A. White: "The causes are probably multitudinous, of which feeble-mindedness among women is the most prolific source of prostitution."

Dr. C. C. Wholey: "Bachelorhood in man; of less importance in women. Incompatibility in the married, arising largely from hasty marriages where the all-dominating influence of sex blinds the individuals to the common considerations of the more permanent foundations of congeniality and happy partnership. Greater laxity in social attitude toward sexual transgressions and greater security in women being able to avoid conception; also the stimulus, given in recent years through much of the popular literature, in the direction of its being their privilege to know life more fully through sexual indulgence."

Dr. G. A. Young: "Lack of home training in sex matters."

Replies from Group B

Dr. F. L. Adair: "Wife's fear of becoming pregnant. Over-eating and over-drinking. Idleness."

Dr. J. M. Baldy: "The constant sexual impulse in the man—and the opportunity of close intimacy with the female—aided by the modern drinking, smoking, and undress of the female. In the woman, who can tell but the woman herself!"

Dr. L. H. Bernd: "Alcohol, lack of exercise, lack of mental occupation."

Dr. R. C. Bryan: "Marital infidelity."

Dr. H. T. Byford: "Ignorance of the dangers, and erroneous belief that nature requires it. Example."

Dr. Hugh Cabot: "In the male, imperious sex. In the female, curiosity, misapprehension of consequences."

Dr. J. B. Clark: "The difficulties placed in the way of early marriage and home-building by our modern industrial and social conditions and by the lack of sound *early* training."

Dr. Hugo Ehrenfest: "Alcohol, the most important."

Dr. Ella B. Everitt: "Ignorance on the part of both sexes. Lack of moral principles."

Dr. F. E. Gardner: "In married people, maladjustment; ignorance on the part of the husband how to remedy it, or unwillingness on his part to take the trouble, coupled with apathy on the wife's part."

Dr. J. A. Gardner: "Late marriage and high cost of living."

Dr. J. C. Litzenberg: "Double standard of morals in case of men. Lack of protection in case of women. By protection I mean family protection and protection which guards against promiscuous mixing of sexes and 'chaperonage.'"

Dr. W. P. Manton: "Eros, Pothus, Himerus. The theater, suggestive pictures, literature, alcohol, often ennui and propinquity."

Dr. W. C. Quinby: "Lack of education on such subjects. Lack of development of power of inhibition."

Dr. Jeanette H. Sherman: "Money—lack of money among lower classes of girls."

Dr. E. H. Siter: "Lack of sympathy and reciprocity and difference in sexual temperament in the married. The animal in the unmarried males and females. Financial considerations in the latter sex."

Dr. G. G. Smith: "1. Alcohol. 2. Sexual desire (a) plus a belief that the other party was 'safe,' (b) regardless of everything except the desire for intercourse."

Dr. A. R. Stevens: "Normal sexual desire. Insufficient occupation—vocation and avocation. Alcoholism."

Dr. H. C. Taylor: "1. Alcohol—the first offense. 2. Late marriage."

Dr. J. W. Williams: "In males, uncontrolled sexual desire. In females, especially unmarried women after the thirties, curiosity."

Dr. A. C. Wood: "Sexual passion, uncontrolled or excited by a particularly attractive partner."

15. How frequent are cases of maladjustment in marriage resulting from the mental effects of premarital intercourse in men and women?

In group A, 4 individuals replied that cases of maladjustment in marriage due to the mental effects of premarital intercourse in men and women were frequent. In group B, only 3 replied affirmatively.

Dr. Helen W. Brown: "Rather frequent."

Dr. R. C. Bryan: "Practically always."

Dr. C. C. Wholey: "Maladjustment in marriage has, in my experience, resulted frequently if there has been premarital intercourse; this has been observed more frequently in those whose moral and ethical standards have been above the average."

In group A, 5 returned qualified answers, and in group B, 4.

Dr. J. A. Gardner: "Among men, I occasionally find impotence because of self-accusation; they feel that they should be as pure as their wives—mental impotency."

Dr. R. W. Hall: "Infrequent in men; more frequent in women, especially in the neuroses. But considering the amount of premarital intercourse indulged in, the percentage of later maladjustment must be low."

Dr. R. C. Hamill: "Not frequent as an isolated cause, but where such intercourse has always been with prostitutes, where it is considered as an indecent act of licentiousness, then it can count quite strongly."

The physicians who answer this question in the negative are numerous—21 in group A and 13 in group B. Types of answers are as follows:

Dr. T. H. Ames: "Relatively infrequent. Men do not object to their wives knowing that they had intercourse before marriage. Wives usually like their husbands to know how to conduct the sexual

act. Women—i. e., some women—are afraid their future husbands will discover that they are not virgins. This fear is apt to produce maladjustment after marriage. An answer to this question is dependent on the mental reaction in the individual who had intercourse before marriage."

Dr. J. M. Baldy: "Barely. If the woman escapes results the first time, she usually goes on complacently, even if moderately. Time cures most things—and this is not excluded."

Dr. A. A. Brill: "I have never seen any maladjustment. On the contrary, the average man usually has had premarital intercourse and as a rule makes a better husband than those who have remained chaste. I can say the same of women."

Dr. H. W. Frink: "Premarital intercourse, on the part of men, rarely has any serious mental effects, according to my experience. Indeed, premarital *continence* seems to have much more frequent and serious ill results. I feel quite confident of the correctness of this conclusion, however distasteful from the moral or idealistic viewpoint it may be. Men who have been strictly continent before marriage certainly do not, as a class, make good husbands. The exceptions to this rule are most common in the case of very early marriages.

"In the case of premarital intercourse on the part of females, serious mental effects are rather common, though by no means invariable or inevitable. Most frequently they grow out of a sense of guilt and the defensive reactions against the same."

Dr. J. Ramsay Hunt: "In my opinion, not frequent."

Dr. S. E. Jelliffe: "Not very frequent."

Dr. Ernest Jones: "Never met one."

Dr. J. M. Van Wart: "This is answered largely by the educational status of the community. In this community, which is dominated largely by Latin influence, maladjustments due to this cause are not frequent. There is a marked tolerance toward premarital relationships between men."

In group A, 5 physicians stated frankly that they did not know what to answer. In group B, 11 returned similar answers.

16. How frequent are cases of mental disturbance resulting from sexual abstinence?

Again on account of the importance of the question and the enormous variability in the replies, it seems best to quote all replies from both groups A and B.

Replies from Group A

Dr. E. Stanley Abbot: "I do not recall any."

Dr. T. H. Ames: "Here everything depends on the reaction to abstinence. If it was entirely voluntary and willing, no mental disturbance ever resulted. If the abstinence was forced because of ideals or environment and was not entirely '*freiwillig*,' mental disturbance and neuroses are frequent."

Dr. A. M. Barrett: "Not frequent."

Dr. A. A. Brill: "It is difficult to say what causes the disturbance. There are many neurotic disturbances as a result of abstinence, but mental disturbances are usually encountered in those who show a special constitution. The average normal person usually finds a way out of it long before he becomes disturbed."

Dr. Helen W. Brown: "Probably a contributing cause of some psychoses and almost surely the cause of many conflicts and complexes."

Dr. Sanger Brown, II: "Causes of mental disturbance are so complex that to blame one single factor would be misleading. Many adjust to this with fair success; many cannot or do not, and neuroses develop."

Dr. C. D. Camp: "Rarely the sole factor, but not infrequently a contributing cause, especially in women."

Dr. I. H. Coriat: "Have never observed it, although sexual abstinence with an over-moral repression may lead to severe neuroses in insufficiently and improperly sublimated individuals."

Dr. H. W. Frink: "Rarely is sexual abstinence *alone* a cause of mental disturbance. In many of the cases where it *seems* to have been a cause, a closer examination reveals the fact that there have been at work *pathological* repressions and resistances producing the abstinence, and that the mental disturbance is a result of the combined operation of these two factors. A person free from pathological sex resistance and sex repressions, and possessed of a reasonably sound constitution, ordinarily will not practice abstinence to the point where mental disturbance might supervene. Ere that point is reached, he will get *some sort* of sex outlet—masturbation, for example, if nothing better is available."

Dr. H. I. Gosline: "Never heard of a case."

Dr. W. W. Graves: "Seldom, if ever, in those we commonly recognize as normal."

Dr. T. H. Haines: "Believe them rare if existent."

Dr. R. W. Hall: "Infrequent *per se*. However, when substitutions for abstinence, as masturbation or perversions, are indulged in, the frequency is of course increased."

Dr. R. C. Hamill: "Frequent in those conditions in which such abstinence is gained."

Dr. Arthur Hamilton: "Sexual factors certainly are often intimately mixed with mental disturbances, but I think that sexual abstinence is only one of several factors. I do not believe that sexual abstinence alone is sufficient to produce mental disturbance, other matters being normal."

Dr. G. V. Hamilton: "I have never been able to arrive at an intelligent guess on this point. So many other possible factors may be adduced as a cause of mental disturbance in a given case that one is apt to list this with one of the unsolved problems of psychopathology."

Dr. J. Ramsay Hunt: "Very seldom. Not frequent except there be some mental repression or masturbation be excessive or of the mental type; then psychastenia or neurasthenia may result (not insanity)."

Dr. S. E. Jelliffe: "Mild neurotic disturbances universal; severe disturbances extremely rare."

Dr. Ernest Jones: "Very."

Dr. John T. MacCurdy: "As a sole factor, it is unknown."

Dr. H. W. Mitchell: "Know of none."

Dr. Abraham Myerson: "Frequent in my experience; that is to say, neuroses have this basis, though psychoses do not."

Dr. Samuel T. Orton: "I doubt their occurrence."

Dr. Charles Ricksher: "I have never seen a case."

Dr. A. H. Ruggles: "Very infrequent."

Dr. S. I. Schwab: "None at all."

Dr. H. D. Singer: "This in my experience has not been a factor. The abstinent individual with a mental disorder has a general lack of frank social contact, and the sex life is only one illustration of the make-up. Mental disturbances from failure to satisfy the desire for offspring are more important than sexual intercourse."

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Dr. H. C. Solomon: "I know of no authenticated instance where this has been the case."

Dr. A. W. Stearns: "Never."

Dr. Edward W. Taylor: "Occasional. But never under conditions of proper and adequate sublimation."

Dr. J. S. Vanteslaar: "The two conditions are sometimes met in the same person, but 'resulting from' does not describe their relationship!"

Dr. R. M. Van Wart: "Very infrequent. Usually in those cases where it has occurred it is due to the sex instinct being strongly developed."

Dr. W. A. White: "I doubt if abstinence in itself is a cause of mental disturbance; it is not infrequently a sign of biological inferiority."

Dr. C. C. Wholey: "Certain cases, particularly of dementia-praecox make-up, have impressed me as having succumbed to the D. P. trend because of sexual abstinence—or because of the failure to find an adequate outlet for the impulses arising from sex desire."

Dr. T. A. Williams: "Should we not rather say preoccupation?"

Dr. G. A. Young: "Have seen no cases of mental disturbance resulting from sexual abstinence except when associated with abnormal sex inhibitions or resistance."

Replies from Group B

Dr. F. L. Adair: "In my experience it is infrequent."

Dr. J. M. Baldy: "Not often unless there has been illicit indulgence, a desire for continuation of this exists strongly, and the indulgence is extremely difficult to obtain or even impossible."

Dr. L. H. Bernd: "None."

Dr. Horace Binney: "No case recalled."

Dr. R. C. Bryan: "Negligible."

Dr. H. T. Byford: "Seldom."

Dr. Hugh Cabot: "I believe mental disturbance of this origin much more common than generally believed. Have seen many cases in the male causing grave interference with work. In the female I believe it is the common cause of so-called nervous breakdown."

Dr. J. B. Clark: "Seen every day in the arrested and deflected mental processes of unmarried or unproductive women of advancing years. Abstinence in the normal male is less common—so much less that it makes the question difficult to answer."

Dr. A. H. Crosbie: "Very rare."

Dr. J. H. Cunningham: "The most frequent cause, as regards the sex relations between husband and wife."

Dr. Hugo Ehrenfest: "Not so rare, especially in young widows."

Dr. Ella B. Everitt: "Rare, because sexual abstinence in marriage is rare—and because in single life it is usually accompanied by sufficient knowledge of general and sex hygiene to make the continent life healthful."

Dr. F. E. Gardner: "Very few, if physical and mental activities have proper aims."

Dr. J. A. Gardner: "I don't know, but they are not unusual."

Dr. H. S. Kretschmer: "Look at any old maid, and count them. This can only be answered by a wild guess."

Dr. J. C. Litzenberg: "Not frequent—occasional only in my experience."

Dr. W. E. Lower: "I believe not infrequently."

Dr. W. P. Manton: "Depression and irritability—(mental) not insanity—frequent."

Dr. W. C. Quinby: "Do not occur."

Dr. Jeanette H. Sherman: "Not frequent."

Dr. E. H. Siter: "More often in the female than in the male."

Dr. G. G. Smith: "I have seen none."

Dr. A. R. Stevens: "Don't see them."

Dr. J. H. Stokes: "Responsible for an indefinite percentage of storm and stress."

Dr. G. K. Swinburne: "Do not believe to be very frequent."

Dr. H. C. Taylor: "Rare."

Dr. G. S. Whiteside: "Quite frequent. *Vide* girls of the well-to-do class with nervous prostration and crank ideas."

Dr. J. W. Williams: "Almost unknown in normal individuals."

17. *Do you consider that absolute continence is always to be insisted upon or may it be taught that under certain conditions intercourse in the unmarried is harmless or beneficial?*

The replies to the above question are again so varied and offer so many different points of view that we present them in a body.

Replies from Group A

Dr. E. Stanley Abbot: "I know of no harm from absolute continence. Intercourse in the unmarried cannot be justified on any grounds of health or morals."

Dr. T. H. Ames: "a. No. For some absolute continence would be easy, for others impossible. It is an individual problem to be decided by the individual, with or without advice."

"b. Under certain conditions in the unmarried, male or female, intercourse is harmless or beneficial; under other conditions, it is harmful and injurious (irrespective of venereal disease)."

Dr. A. M. Barrett: "Continence is desirable. There may be personal situations where intercourse in the unmarried may be beneficial."

Dr. A. A. Brill: "Years ago I encouraged intercourse in some neurotics who were constantly worrying about sex. I soon found that it had not benefited them. The same factors which produced the original conflicts continued to disturb them. Now I remove their conflicts by analysis, and then they need no advice. I know of a number of cases who have successfully abstained from 2-3 years following analysis."

Dr. Helen W. Brown. "No. It is probably well to teach young people that continence before marriage is in general very desirable, as contrasted with the result of incontinence."

Dr. Sanger Brown, II: "Adults will probably decide this for themselves. If positively, they should know of possible injury to others through venereal disease, and the possible influence on others."

Dr. C. D. Camp: "It is best to teach conformity to custom."

Dr. I. H. Coriat: "Absolute continence should always be insisted upon."

Dr. H. W. Frink: "Absolute abstinence from all and every form of sex gratification, maintained for a long period, would be a thoroughly unnatural condition, which, if it could be achieved, would certainly and invariably be productive of serious harmful results. Absolute continence from intercourse should never be invariably and unqualifiedly insisted upon. A large proportion of women, particularly young women, can achieve such continence without great effort, and without ill effects. But in the case of *some* young women, in that of many mature women (especially those who have been 'roused'), and in that of a very large proportion of men both young and mature, the effort to achieve such continence, or the achieving of it, would be much more likely to work harm than temperate and intelligently undertaken indulgence. In short, indulgence, under certain circumstances, may not only be harmless, but may likewise be beneficial and very necessary."

"I have no doubt of the truth of these statements. I have little uncertainty as to the desirability of having the truth about these matters generally known by the public. On the other hand, a campaign of truth-telling would certainly meet with great and violent opposition, and should, if undertaken at all, be carried on in the most skillful and careful manner possible."

Dr. H. I. Gosline: "Physically it may be harmless and beneficial, though in some cases dangerous even in the married state. Moral and ethical considerations and, I believe, economic considerations contradict it."

Dr. W. W. Graves: "I know of no condition where one is justified in advising the unmarried that intercourse is harmless or beneficial."

Dr. T. H. Haines: "Absolute continence."

Dr. R. W. Hall: "The first should not be insisted on any more than the latter should be recommended. The army venereal *Vade Mecum* said intercourse is not essential (as I recall it) and a little amplification of this is wiser than strait-laced insistences which a goodly proportion of men would ignore if opportunity occurred."

Dr. R. C. Hamill: "The latter may be taught."

Dr. Arthur Hamilton: "This involves more than one question. Our particular world says this is morally wrong. Even if it were not so recognized, the danger of acquiring sexual diseases is so great that continence ought to be insisted upon."

Dr. G. V. Hamilton: "I have always insisted upon absolute continence in the unmarried. This question must always be answered with reference to much broader issues than are contained in the welfare of a given individual."

Dr. William Healy: "Not convinced either way."

Dr. J. Ramsay Hunt: "Absolute continence should be preached as a doctrine to the unmarried, and let the individual adjust himself to this stern law according to his *lights*!"

Dr. S. E. Jelliffe: "I believe the former course consistent with good health; with instruction as to certain symptoms due to abstinence—great betterment. There may be instances of latter advice being beneficial, but I have never seen them particularly. Bodily disorder may be minimized, but mental and sublimated values are apt to suffer."

Dr. Ernest Jones: "It is always harmless, obviously, except socially. Continence, if continued, is rarely harmless."

Dr. J. T. MacCurdy: "I believe that this question can only be answered in individual cases on the basis of the personality and environment of the subject. I may state that my practice is to explain fully to my patients all the remote, as well as immediate, consequences that I know of and let them make their own decision. As a matter of fact, they almost always decide in favor of continence, and seem, when they have gained proper control of themselves in other ways, to be perfectly comfortable in spite of this inhibition."

Dr. H. W. Mitchell: "I believe it should be taught for the benefit of society, so long as we do not uphold polygamy and defend existing moral teaching."

Dr. Abraham Myerson: "This question would require a book for answer. From the physical standpoint, continence is in my opinion harmful. From the standpoint of society as it is to-day organized, it is necessary. The human being is placed on the horns of a dilemma which I cannot offhand solve."

Dr. Samuel T. Orton: "I consider absolute continence to be the only open course—not only of morals, but also of hygiene."

Dr. Charles Ricksher: "Whether one is continent or not depends upon one's training and habits."

Dr. A. H. Ruggles: "I believe absolute continence in the unmarried should be insisted upon."

Dr. S. I. Schwab: "Absolute continence is the social aim to be tried for. Its unphysiological basis must be explained."

Dr. H. D. Singer: "I certainly should not teach the permissibility of intercourse, but would rather instruct in means for satisfying the innate desire for reproduction by substitute interests and also means for expending the energy of sexual congress and the avoidance of stimulation."

Dr. H. C. Solomon: "I should be inclined to feel that there are certain exceptions to be considered."

Dr. A. W. Stearns: "Consider it an ideal towards which to strive, but which majority never reach."

Dr. Edward W. Taylor: "From the social standpoint, continence is desirable."

Dr. J. S. Vanteslaar: "A proper understanding of sex hygiene would not lead any one to expect a dogmatic standpoint on this question. Different persons solve this problem for themselves—with equal success or failure as the case may be. (Wish space permitted more extended answer.)"

Dr. R. M. Van Wart: "This can be best answered by giving my experience. The only condition where absolute continence has given rise to this difficulty has been in psychopathic individuals or in individuals otherwise normal who have been left without normal outlet at the death of husband or wife. These cases have not been numerous."

Dr. W. A. White: "I believe that the teacher must necessarily stand for the social conventions."

Dr. C. C. Wholey: "There might arise individual instances where absolute continence should not, for a time, be insisted upon, but such teaching should not be general."

Dr. T. A. Williams: "Problem unsolved."

Dr. G. A. Young: "I think that absolute continence in the young should be insisted on; that in certain cases it is beneficial as representing the best adjustment possible in individuals of mature years."

Replies from Group B

Dr. F. L. Adair: "I think absolute continence should be insisted upon as the ideal in our present social system. I would say that intercourse in the unmarried is not pathologic, but may cause social harm."

Dr. J. M. Baldy: "I think it is harmless and beneficial—but our standards are against it and who could possibly conscientiously teach such a thing, no matter what he thought?"

Dr. L. H. Bernd: "There are no harmful effects from absolute continence, as shown by the health and general tone of the majority of the soldiers of the A. E. F. Despite the so-called immorality of our men, the majority who did not get drunk were continent."

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Dr. Horace Binney: "I consider the latter teaching very dangerous."

Dr. R. C. Bryan: "Continence."

Dr. H. T. Byford: "Absolute continence for both sexes."

Dr. Hugh Cabot: "Though I do not believe that absolute continence is always desirable for all people, I am so unable to draw the line that I think the only safe teaching is continence."

Dr. J. B. Clark: "Sexual relationship is the individual's affair—so long as no other person, or persons, or society is harmfully affected by it."

Dr. A. H. Crosbie: "Continence is consistent with perfect health. I should never advise intercourse in the unmarried."

Dr. J. H. Cunningham: "Advice seems dangerous, especially with the prevalence of venereal disease, and if the sex appetite is normal, such a matter takes care of itself and the less said about it the better."

Dr. Hugo Ehrenfest: "Moderate masturbation is the solution, in my belief."

Dr. Ella B. Everitt: "Absolute continence in the unmarried is essential to the safeguarding of all that is best in human nature and in the national life."

Dr. F. E. Gardner: "Absolute continence is *always* the goal; *never* teach that intercourse is beneficial; there will be enough slips, anyway, without undermining the power of resistance of the young by such a teaching, which I consider absolutely false."

Dr. J. A. Gardner: "I do not believe that continence should be insisted upon."

Dr. H. S. Kretschmer: "The first part. This will depend upon the individual; hence it is an absolutely individual problem. If you teach the second part, the amount of promiscuous intercourse will increase beyond our present powers of conception."

Dr. J. C. Litzenberg: "Yes" (continence always to be insisted upon). "No" (to the latter part of the question).

Dr. W. E. Lower: "I do not believe that absolute continence is always to be insisted upon."

Dr. W. P. Manton: "No. Yet in matter of advice—there's the rub—without appearing to countenance prostitution."

Dr. W. C. Quinby: "Should not so teach."

Dr. Jeanette H. Sherman: "Never wise to teach anything but the highest standards."

Dr. E. H. Siter: "Continence should be advised. The individual sex feeling will be the controlling factor, coupled with opportunity."

Dr. G. G. Smith: "I believe that Robie is right when he says that occasional masturbation to relieve the sexual pressure is safer than intercourse. I never advise illicit intercourse."

Dr. A. R. Stevens: "We should urge continence in the unmarried—that coitus is morally and socially wrong, although physically harmless if venereal disease is not contracted."

Dr. G. K. Swinburne: "Theoretically I believe in absolute continence."

Dr. G. S. Whiteside: "Since prohibition and other laws suppressing almost everything, sex instinct is the only amusement left that can never be legislated out of existence."

Dr. J. W. Williams: "Yes, I consider that the physician should hesitate to give advice to the contrary, as he would then be more or less responsible for the consequences."

Dr. A. C. Wood: "Prefer to insist upon continence in the unmarried."

18. In addition to masturbation, are any other perversions frequent enough to justify popular education concerning them?¹

In both groups A and B, the replies spoke unqualifiedly against popular education concerning sex perversions. In group A, 20 and in group B, 20 replied that instruction concerning perversions other than masturbation was unwise. In group A, 10 individuals and in group B, 2 would add instruction upon one or more of the following perversions here listed. The numbers in the brackets show the number of times the answer was met with:

¹ A very large number of the physicians objected to the authors' use of the term "perversions" in connection with masturbation. Our use of the term is correct and carries with it no moral significance whatsoever. We use the term "perversions" in its etymological sense, meaning merely that the sex act was not a heterosexual adjustment.

- Homosexuality [10]
- Mutual masturbation [2]
- Pederasty [2]
- Coitus interruptus [1]
- Cunnilingus [1]
- Sadism [1]

19. What conditions do you consider most essential for proper sexual adjustment in marriage?

As in certain of the other questions, it seems wisest here to give a complete statement of all of the replies from at least one group. We have selected group A in view of the fact that the psychopathologists have had not only to meet such questions at the hands of their patients most often, but also to give time and thought to the analysis of such maladjustments.

Dr. E. Stanley Abbot: "Frankness and openness, without prudery; mutual consideration, each for the other's desire or lack of desire in the sex relations; freedom from venereal disease."

Dr. T. H. Ames: "1. Understanding of the physiological reaction of the opposite sex and own sex. 2. Understanding of the psychological reaction to sexual matters in general and specifically. 3. Patience until 'practice makes perfect'—i. e., both husband and wife attain synchronously the orgasm. 4. Willingness to satisfy the mate."

Dr. A. A. Brill: "Physical and mental health; full sexual knowledge on the part of the man and woman, especially in the former."

Dr. Helen W. Brown: "Normal health. Reasonable youthfulness of soul, common sense, and unselfishness. Some understanding of normal physiology. Some similarity in ideals."

Dr. Sanger Brown, II: "Perfect frankness, without reservations or misunderstanding. Many things can be adjusted if this exists."

Dr. C. D. Camp: "Harmonious ideas and ideals. In my opinion this could be more surely brought about by allowing the one to educate the other. Outside interference is usually the trouble maker, and this interference can take place either before or after marriage."

Dr. I. H. Coriat: "A complete understanding from the social and biological viewpoints of the sexual problems, particularly an insistence that sexuality is not unclean, but is a deep and primal

instinct. The husband and wife should also attempt to meet on a common emotional level."

Dr. H. W. Frink: "'Proper sexual adjustment in marriage' is something of pretty rare occurrence. I think it is likely to remain a comparative rarity as long as marriage is not prepared for by proper sexual education. Proper sexual adjustment in marriage is, in my experience, most commonly to be observed among people of little education and culture—i. e., those who have been spared the care bestowed upon children by parents of means, education, and more strict notions of propriety. Children from large families certainly make, as a rule, better husbands and wives than those from small families.

"For proper sexual adjustment to be at all general will require, in my opinion, general sexual education from early childhood up, including education, probably of both the male and female, in the *ars amandi*, a general knowledge of the use of contraceptives, and, very probably, eventually some quite extensive changes in sexual and marital ethics. I am inclined to think that trial marriage should be considered in this connection."

Dr. H. I. Gosline: "Knowledge of anatomy and physiology of the parts, of how to produce the proper agreeable concomitant effects, of how to prevent conception, and of the proper physical, mental, and economic conditions in which to produce. I feel that such knowledge will produce a better race and will not lead to race suicide."

Dr. W. W. Graves: "1. Age (the male should be older than the female, but never more than fifteen years older; ideal is from one to five years older). 2. Mutual respect. 3. Children. 4. Economic conditions. 5. Approximately the same social level."

Dr. R. W. Hall: "A tolerant understanding and appreciation of the individual and the mate's needs (cravings) and problems. I do not mean, of course, a yielding to perverted cravings. But in the therapy of the neuroses and psychoses, one big problem is to find out the lines of the patient's cravings for satisfaction and happiness and the way in which he handles these problems. The physiological form of this problem enters largely into every marriage. As a bachelor's commentary on the question, I would say that one important reason for husband, especially, and also wife's getting fed up with a marital sexual status and seeking new pastures is that the relationship is too often taken as a matter of course and becomes a deadly routine. I recall many smash-ups that could have been avoided if the husband had been made to dangle at arm's length from time to time."

Dr. R. C. Hamill: "Respect of individuals for each other. Not too great a value placed upon chastity by the woman; if the value is very high and it is not appreciated in the same manner by the

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man, there is cause for misunderstanding, the woman having a feeling of lack of proper estimation by the man of her treasure."

Dr. Arthur Hamilton: "Physical health. Normal mental attitude toward sexual matters, which can be aided by satisfactory instruction. See No. 5. Marriage based on affection."

Dr. G. V. Hamilton: "General fitness of male and female to be mates to one another; careful instruction of both on eve of marriage as to copulative function; instruction as to how pregnancy may be harmlessly avoided, without interfering with pleasure of coitus; avoidance of all possible grounds for friction, such as the distribution of the family income, the relation of mother-in-law to the family, etc. Avoidance of initial sexual excesses is to be taught young married couples."

Dr. J. Ramsay Hunt: "A healthy body with normal glandular relationship. A normal mind with consciousness of sexual desires and these directed toward the normal sexual object, without aversion or conflict of any kind."

Dr. S. E. Jelliffe: "Frankness in mutual service; consideration of the partner; knowledge concerning the process and its psychological importance rather than the mere physical details."

Dr. Ernest Jones: "Objectivity—i. e., freedom of thought and a natural attitude toward sex, as toward other human attributes."

Dr. H. W. Mitchell: "Comfortable living conditions with fair prospects, good health, similar tastes, and 'common sense' in meeting matrimonial difficulties."

Dr. Abraham Myerson: "Proper adjustment would depend upon (1) capacity of each person to gratify the mate; (2) gentleness, consideration, and what might be called courtship on the part of the male, with similar though less marked adjustment on the part of the female. The partner should be of nearly equal age, and it should be emphasized to both of the parties that maintaining neatness and beauty as much as is possible is important. In my opinion, separate rooms or separate beds are valuable to the majority of people."

Dr. Samuel T. Orton: "A reasonably broad understanding of the fundamental sex relations of both plants and animals, with the explanation that human sex relations are just as fundamental and in essence no more complex."

Dr. Charles Ricksher: "Proper development of the sexual organs and a common-sense attitude toward sexual matters."

Dr. A. H. Ruggles: "The husband and wife should both be normal individuals."

Dr. S. I. Schwab: "1. Attraction. 2. Mutual affection. 3. Physical liking. 4. Sexual inhibition mutually appreciated. 5. A certain aspect of idealism to the sexual act."

Dr. H. D. Singer: "A most important condition I believe to be mutual regard and lack of too much egotism on the part of either person. I believe that if there is sufficient regard and not too much egocentricity, this matter will be satisfactorily adjusted, irrespective of a great amount of knowledge."

Dr. A. W. Stearns: "Ardent love and a certain amount of ignorance."

Dr. Edward W. Taylor: "1. Knowledge. 2. Insistence that sexual relations are not the sole end of marriage."

Dr. J. S. Vanteslaar: "1. Understanding of physiology of coitus on part of both. 2. Relief from all inhibitory, taboo feelings concerning sex. 3. Appreciation of rôle of sex beyond its biological implications. 4. Recognition of sexual relation as merely the physiologic side of a complete circle of relationships which it serves as much as [they?] serve it in turn. 5. Absence of anatomic or physiologic hindrances."

Dr. W. A. White: "An intelligent, constructive attitude toward the love relationship which recognizes that marriage will enable both parties to go together into a situation offering enlarged possibilities of personal expression which will make them happier and therefore socially more successful and useful."

Dr. C. C. Wholey: "Theoretically, similarity of age, health, compatible religious views, similar educational standards, etc. Actually one meets with apparent adjustments under most contradictory circumstances."

Dr. T. A. Williams: "Physiologic, æsthetic, psychic."

II. WITH RESPECT TO SEX INSTRUCTION BEFORE MATURITY

20. Do you consider that changes in the development of the child justify the division of pre-adolescent years into definite periods demanding special sex control or instruction? . . . If so, what are the periods and what special methods should be adopted in each?

The answers to this question, while full, are rather indefinite and with difficulty lend themselves to analysis. We shall consider first the answers to the question as to whether pre-adolescent years should be divided into definite periods in

which special sex instruction should be given. In group A, 11 returned unqualified affirmative answers; in group B, 6. Types of replies are as follows:

Dr. T. H. Ames: "Yes. In my experience children show sexual interest or acts at ages 1 to 2 or 3, 8 to 10, and from the age of puberty onward (12 or 14 up). Disciplinary methods are most efficacious at the age of 1-3; but educational are better above the age of 6."

Dr. G. V. Hamilton: "Yes. (a) Before the fifth year the child should be told that fathers plant baby seeds in the mothers' bodies, causing babies to grow under the mothers' hearts, etc. No anatomical details given. (b) At seven, eight, or nine, depending on development of child, he (or she) should be told that the planting is accomplished by the agency of particular organs, and be given parallel examples by having flowers dissected and explained in terms of reproductive functions. (c) After this, as soon as child betrays curiosity, the facts of desire for copulation and the obligation to regulate such desire with reference to ideals of conduct should be given. (Before puberty.)"

Dr. S. E. Jelliffe: "I do. Periods are definite, but vary chronologically with child. Instruction chiefly of the mother and her sympathy with the child's curiosity and common-sense ways of dealing with it. The periods in general may be termed (1) organ-erotic period, 1-7; (2) narcissistic period or auto-erotic period, 7-14; (3) socialized period, 14 on. Years only general."

Dr. J. T. MacCurdy: "I think that we may adopt roughly, the Freudian classification of infantile, latent, and adolescent periods. The infantile period should end about the age of 4, 5, or 6—in other words, the pre-school period. Education of the children at this time depends on parents and nurses, and should aim chiefly at the inculcation of a normal attitude toward bodily processes. By normal I mean a recognition of the naturalness of them without any feeling of shame, but with a recognition of publicity being bad manners. During this period many children have considerable sex curiosity which parents should be taught to quiet with perfectly common-sense and accurate answers appropriate to the intelligence of the child. During the latent period, which runs on to puberty, children should learn the fundamental facts of sex so thoroughly that it is a commonplace to them. In the adolescent, education should be designed essentially to prepare the youth for the responsibilities of marriage. In all stages parents ought to be the best instructors, but are rarely intelligent or dispassionate enough to perform their duty properly; consequently paid teachers have to do it. As a matter of fact, I think it probable that parents, by example, contribute more to the actual education of their children along these lines than they fancy."

Dr. H. C. Solomon: "The period in which sex interest develops differs in individual children. Occurring, as it frequently does, around the age of 4 or 6, it demands attention and instruction of a type that is understandable for a child of this age. It would seem that this is the time that the confidence of the child should be gained, and where this is done the future education has a better basis. I believe that a continuation of this instruction is needed for the individual child, and should be carried on to a period just preceding puberty, without any special relation to set rules or laws. Just preceding puberty, a broader outline is demanded for all children, whether they have apparently shown special interest or not. At this time, according to the usual school system, the average child has begun to learn something about physiology. This could be a basis for instruction and then more intimate instruction given in addition."

In group A, there were 6 individuals and in group B, 4 individuals who would accept some kind of a rough division of ages for purposes of instruction. Types of replies are as follows:

Dr. R. M. Van Wart: "This seems to be again an individual problem. In certain individuals where sex precocity exists, education should be undertaken at an early period and where curiosity concerning this matter is not especially developed."

Dr. W. A. White: "Only roughly. Such as the auto-erotic, homosexual, and early heterosexual stages. The development should be known sufficiently to appreciate the dangers of the different periods so as to guard against the child being sidetracked at any one of them; for example, guarding against too prolonged and too serious 'crushes' between girls. The methods in general should be those of indirection rather than attempting the repression of these tendencies; the development of attractions should assist the child in the readjustment of its libido to progressively more desirable objects."

The great majority of the answers did not favor any division of the pre-adolescent years for special types of instruction: 16 in group A and 16 in group B, while favoring instruction at some time, did not believe in special instruction at set ages. Types of replies are as follows:

Dr. Hugh Cabot: "I do not think that definite periods can be assigned. The best results I have seen have been reached by following the child's development and supplying information and explanation as it is demanded. Undoubtedly the best results are obtained by efficient personal teaching."

Dr. Hugo Ehrenfest: "I do not think that hard-and-fast rules concerning division can be made. The necessity and extent of information to be given probably in the average case can be determined by the questions concerning sex matters the child asks, care to be taken that questions asked in mere curiosity are not mistaken for those asked in the desire to have certain information."

Dr. F. E. Gardner: "No. The general principle of instruction seems to be more to *follow* what the child finds from observation of himself and explain those facts to him than to 'whet' his appetite by *going ahead* of nature. Of course, such a method presupposes absolute frankness and confidence between the child or adolescent and his adviser."

Dr. H. I. Gosline: "No. Quit socializing. Individualize. Quit fossilizing. Provide the opportunity, remove the slur and the stigma from those who ask questions, and the questions will be asked by the individual at the proper time for him or her."

In regard to the different periods or ages at which special instruction should be given, our quotations above under the unqualified affirmative types of answers show the only data we have bearing upon this subject; the other affirmative replies left the matter of age too indefinite for analysis.

The replies as a whole spoke unqualifiedly for the beginning of instruction at the first manifestation of curiosity, for the individualizing of the child, and for giving him information just as rapidly as he can completely assimilate it, giving possibly special instruction concerning venereal disease after puberty, and special instruction concerning coitus at the marital age.

21. *Should instruction at puberty aim to cover the field of sexual physiology or be restricted to explanation of the processes coming within the child's experience at this time?*

In group A, 16 and in group B, 7 replied that instruction at puberty should cover the whole field of sexual physiology.

In group A, 19 and in group B, 18 would limit the field of sex instruction to explanation of the processes coming within the child's experience at this time. Most of the answers of this type, however, were perfectly willing to take the child as far as his curiosity would go, even if it covered the whole field of sexual physiology. It should be understood that the physicians, in returning this reply, were assuming that instruction had begun at an early age and had been given by

sympathetic parents or physicians. The fact was not brought out, although it seemed to be implied, that where children are brought up in families where questions concerning sex are frowned upon, they will not ask of their parents answers even to questions which their own bodies raise or those which will be raised by their comrades and associates. The replies as a whole failed to throw very much light upon the handling of such cases. They are probably more numerous than the other type.

Replies Indicating that Instruction Should Cover the Field of Sex Physiology

Dr. T. H. Ames: "Should cover both the child's experience and the physiology in general."

Dr. A. H. Crosbie: "I see no harm in covering the field."

Dr. Hugo Ehrenfest: "Should not be limited to processes coming within personal experience."

Dr. W. W. Graves: "It is at this period that full instruction should be given in sexual physiology."

Dr. G. V. Hamilton: "A simple, but literal and scientifically accurate outline of sexual physiology ought to be given at puberty, with warning that such and such yearnings will come and must be handled with reference to the rights of society and the exclusive rights of the wife that will some day share the experiences that will satisfy such yearnings, etc."

Replies Indicating that Instruction Should be Limited to the Processes Coming Within the Child's Experience at Puberty

Dr. J. M. Baldy: "The latter if at all."

Dr. J. A. Gardner: "Restricted to explanation of the processes coming within the child's experience at this time."

Dr. S. E. Jelliffe: "Chiefly individualized, personal, and private with reference to child's own questionings and experience. General instruction chiefly through general processes."

Dr. J. C. Litzenberg: "Each child should be carried along according to mental development in graduated stages."

Dr. W. A. White: "As far as possible, instruction should be limited to matters coming within the experience of the child or matters about which the child has curiosity. In the latter case instruction should be limited to satisfying the curiosity rather than attempting to make the information complete."

22. Is there danger of arousing too great interest in sex matters by detailed instruction at this time?

In group A, 24 individuals and in group B, 26 were decidedly of the opinion that there is very great danger of arousing too great interest in sex matters at this age.

In group A, 12 individuals and in group B, 5 stated that there is no danger, adding the proviso in many cases that the instruction must be proper and the instructor well qualified for his task.

23. Is this offset by the danger of establishing false beliefs, in the absence of proper instruction, which may lead to difficulties of adjustment later?

In group A, 21 physicians and in group B, 12 replied that the possibility of false beliefs being established in the absence of proper instruction was greater than the danger of arousing too great interest in sex matters by instruction at puberty. In other words, they returned a positive answer to the above question.

In group A, 10 individuals and in group B, 12 implied or stated directly that they felt that the danger of arousing undue interest by instruction was not offset by the possibility of false beliefs being established in the absence of proper instruction.

24. Should instruction concerning the existence of prostitution be given at this time?

In group A, 19 individuals and in group B, 10 replied in the affirmative.

In group A, 8 and in group B, 9 answered affirmatively with certain qualifications. In all 17 of these qualified replies, the qualification consisted in one or more of the following things: (a) that the information should come a little later; (b) that the information should come only if the child asks for it; (c) that it should be given to boys and not to girls.

25. *What instruction do you advise concerning masturbation? Should it be the same for children and adults? For both sexes?*

In view of the tremendous importance attaching to this question, it seems best to quote the replies fully. On account of space limitations, only the replies received from group A will be presented.

Dr. E. Stanley Abbot: "(a) The truth without exaggeration or prejudice—no one was ever made insane by it; it is better than extra-marital intercourse; continence is better still. In excess, it is more harmful to the growing person than after full adulthood. (b) No, for you can give reasons to the adult that the child cannot understand. (c) My impression is that the effects are different in girls; to that extent the instruction should be different."

Dr. T. H. Ames: "(a) That it is normal, to be expected, a childish ('kiddish') trick to be experienced, thoroughly enjoyed, and discarded. (b) Yes, children and adults are alike in this matter; adults *are* children here. (c) Yes, males and females masturbate, usually hypocrites."

Dr. A. A. Brill: "Masturbation does not harm, but it is a manifestation of auto-erotism if frequently indulged; hence truth should be told to all, but in different language to children."

Dr. Helen W. Brown: "Each case should be dealt with individually, according to the psychology of the individual, etc. No one should be terrorized. In general children should be kept out or trained out of such habits. For adults of both sexes it is impossible to advise without a history and make-up of the case."

Dr. Sanger Brown, II: "Certainly different for children than adults. Proper advice can scarcely be given without study of each case."

Dr. C. D. Camp: "That it is harmless, but not nice or decent. Respect for oneself should be the strongest motive against it. Same for both sexes and for children and adults."

Dr. I. H. Coriat: "That masturbation does not lead to insanity, that it is merely an easy method of obtaining pleasure from one's own body, that because of the ease of gratification it may become a habit leading to unhealthy sexual fantasies, with a consequent distaste for the exercise of the normal functions of sexuality. Instruction in avoidance of masturbation should be the same for children and adults and for both sexes."

Dr. H. W. Frink: "That masturbation in youth in our civilization is well-nigh physiological, and that if practiced in moderation,

it is ordinarily harmless. Temperance rather than abstinence should be the aim of the adolescent, in most cases.

"As regards masturbation in infants and children, parents should know that the practice is very common, and that ignorant efforts to stop or control it are usually infinitely more serious than the masturbation itself. In general they may be advised that it is *usually* harmless, but that in every case it is better to get some *expert* medical opinion, particularly if the practice occurs between the sixth year and puberty. Very gentle efforts to make the young child stop or control it are ordinarily all right, but threats and punishment should *never* be employed. Rewards are all right and may be recommended.

"Instruction for adolescents and adults should be different. Both should know that if the practice may be regarded as pretty nearly normal for the adolescent, it is not so for the adult. Masturbation in the adult male means an arrest or an inhibition of development, and the adult should be advised to consult an expert, as no general line of instruction can be given. It may be stated that ordinarily it is not very serious, particularly in the case of unmarried females or others who practice it *faute de mieux*."

Dr. H. I. Gosline: "Individualize it. Suit the case at hand."

Dr. W. W. Graves: "Instruction should be the same for children and adults and for both sexes. The individual should be taught that it is an unnatural way of sex gratification; that the habit is easily formed; that, if given up, no harmful consequences are to be feared; that it should not be indulged in, not because the act itself is harmful, but because it is unnatural, and that it is not manly or womanly to indulge in a filthy habit."

Dr. T. H. Haines: "Recognition necessary in sane sex instruction, to boys and girls. With boys counteract fakers who advertise the dangers of wet dreams. Emphasize the way to avoid these dangers by clean living and athletics."

Dr. R. W. Hall: "A frank presentation of the facts—that it is a widespread habit especially just before puberty, probably more common in boys than in girls; that it is not followed by the popular propaganda of quack literature—'drying up of the brain,' etc.—but that its continuance is evidence of weak will and lack of self-control; that the harm of the habit lies mainly in the individual's attitude toward it; that it is maintained in response to sexual cravings, but it is an unhealthy way to meet these cravings. Some allied simple example of the value of repression may be added here, as for example the folly and bad effects of temper tantrums. It may be dealt with in a constructive way by emphasizing the relationship between the sexual desire and race propagation, flavored with the usual sauce of diverting activities, sports, etc. Oftentimes a frank ventilation of the problem is all the boy who is having difficulties needs, and even an inexperienced doctor is probably better than none in this respect. As an extra added attraction emphasis

is laid on the fact that indulgence in masturbation is not conducive to the virility which the future prospective husband or wife desires. The whole problem should be presented with emphasis on the positive rather than the negative aspects.

"I should say the information should be the same for children as for adults, for when the masturbation problem comes into a child's life, he is an adult in that respect.

"I see no reason for differentiating between the sexes, for in its broad aspects the problem is the same, and the detailed sexual differences in masturbation I see no reason for going into. One does come across patients (mostly women) occasionally who as girls masturbated without knowing just what they were doing, but emphasis on its relation to sexual desire and satisfaction should obviate this aspect."

Dr. R. C. Hamill: "That it is a natural phenomenon and has a function of considerable importance in the education of the child. The same at all ages."

Dr. Arthur Hamilton: "No. Yes."

Dr. G. V. Hamilton: "Detailed, unexaggerated instruction, without reference to age or sex. It should be described as always dangerous, and never to be resorted to; but care must be taken to reassure patients who cannot wholly overcome an established habit."

Dr. William Healy: "I advise nothing but meeting the special problem of the given individual."

Dr. J. Ramsay Hunt: "It should be the same and should be eminently sane and sensible, recognizing that it is a very widespread and natural habit; and not associate with it exaggerated fear, harm, or insanity, as this often has an important bearing in the later general development."

Dr. S. E. Jelliffe: "The instruction regarding the physiology and psychology of function. It cannot be the same for children and adults, quite. Sexes more or less alike."

Dr. Ernest Jones: "No instruction, except in rare cases (where conflict is injuring)."

Dr. J. T. MacCurdy: "I would advise instruction which emphasizes two points: one, the physical harmlessness of the practice, and, two, the danger of it as a selfish, futile pastime. There is no reason for instruction being different for children and adults of both sexes, unless special complications have arisen which differ naturally with age and sex."

Dr. H. W. Mitchell: "Believe that same advice against the habit should always be given. Children and adults alike might well know that control of an animal function is advisable."

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Dr. Abraham Myerson: "Instruction concerning its harm, laying some emphasis on its taboo nature. Instruction should be different for children and adults, should be the same for both sexes."

Dr. Samuel T. Orton: "I object seriously to the hell-fire-and-brimstone threats usually held out as the inescapable results of masturbation in children. I think they should be warned against it by sensible explanation of the physiological dangers of excessive sexual stimulation and over-drainage, but feel that the usual approach loses force because of the extreme position taken. I feel that masturbation is frequently symptomatic of mental or nervous disease and rarely if ever a causal factor except in the introspective or self-accusatory."

Dr. Charles Ricksher: "That it is a perversion—is not necessarily harmful, except mentally in that it produces shame—and that it is rather a stupid way to avoid real relations. Adults and children should receive the same instruction."

Dr. A. H. Ruggles: "Advice as to its abnormality, and teaching the desirability of making sexual life in every way approximate the normal; it should be the same for children and adults and for both sexes."

Dr. S. I. Schwab: "I am very much in doubt."

Dr. H. D. Singer: "The problem here is identical with that of other appetites. It is part of the general proposition of self-control and sublimation of sensuality."

Dr. H. C. Solomon: "I should advise talking the matter of masturbation over fairly frankly and not placing it on a plane of great moral turpitude or damage to the future of the individual. In other words, one must, I think, put the same effort on combating the quack-medicine propaganda and scare literature. A child should be taught the reasons against, and should in no way have it held up as a terrible experience which will lead to ruination. One sees so many people, adults and adolescents, who have had their lives made miserable by morbid fears and worries as the result of improper knowledge in this regard. In my experience the bad results are about the same in both sexes, which would lead me to believe that instruction in this line is as necessary for one sex as the other."

Dr. A. W. Stearns: "Yes. Yes. Should be told of foolishness, but not subjected to exaggeration and romancing about evils."

Dr. Edward W. Taylor: "*Wholly inadvisable* as a habit—but not fundamentally injurious, except in excess. Boys worse offenders."

Dr. R. M. Van Wart: "The children should be warned against this habit. Instruction should be adapted to the age and sex."

Dr. W. A. White: "With regard to masturbation, it would probably be better to limit instruction in any detail regarding it to individuals where there is some intimation that it is being excessively indulged in. Such instruction should be free from the terrorism so frequently associated with ideas regarding this practice, and the child should be made to understand that the real danger is in continuing after its wrongfulness has been appreciated. Then again the real danger should be emphasized as making for selfishness and the prevention of the development of those qualities of mind which enable one to take one's place as a self-respecting, independent member of the herd, and so tending to impair his possibilities for future success, including adequate relationship with a wife and children."

Dr. C. C. Wholey: "Its harmful effects to development of strong men and women, etc. In children emphasizing chiefly its physical harm; in adults and children it often becomes necessary to discover the part that masturbation is playing in the psychic life, the whole problem being one of treating a psychoneurosis. In dealing with this subject generally, it should be taken up with both sexes separately, and the matter should be dealt with in addition to what has been said in the way of pointing out its effects in creating a nervous constitution, drawing the individual away from healthful physical and mental development—its perversion of family and social instincts and substitution of selfishness and unsocial habits. Dwell upon its prevention of the development of fearlessness and complete self-realization. Explain to both young and old the nature, the character of sex dreams and emissions, and neutralize in every way possible the growth of fear of loss of manhood and the other evil effects of patent-medicine propaganda and unfounded ideas that appeal to the minds of the public along these lines. Dwell on the ideas and means of obtaining healthful substitution and sublimation."

Dr. T. A. Williams: "Explanation. Yes. Yes."

26. Is the average parent sufficiently capable or free from inhibitions (even when well informed on sex matters) to justify the current teaching that parents should undertake the sex education of their children?

In group A, only 7 and in group B, 6 affirmed that the parents are sufficiently free from inhibitions and well enough informed to undertake the sex education of their children. Illustrative replies are as follows:

Dr. J. B. Clark: "When the children who are rightly taught in their childhood become parents themselves, they can safely teach their offspring without fear or inhibitions."

Dr. J. Ramsay Hunt: "Education is best given by the parents, to young children, because it is individual and regulated to the gen-

eral conditions of the child. Most teachers are unmarried and are not well fitted to approach the subject and have not the intimate personal interest or knowledge of the child."

Dr. S. I. Schwab: "I believe that the parents can do this better than any one else—if they are intelligent and well informed."

In group A, 5 individuals returned qualified answers. In group B, 3.

Dr. L. H. Bernd: "The parents should be lectured to and are best fitted for that purpose; otherwise send the individual to a medico who has some tact."

Dr. A. A. Brill: "They are usually incapable in every way, but they are the most logical persons to do it; hence instruct them by competent teachers."

Dr. J. T. MacCurdy: "This is a very difficult question to answer, because I believe that, willy-nilly, the parent is going to be the chief instructor of the child. I am quite sure that it is a most exceptional father or mother who has the courage or ability to tackle the problem directly. Perhaps the best solution could be reached if it were urged upon parents that they should be honest with their children, and it were impressed upon them that their sex relationship (taking the term in its widest sense) is much more open to the inspection of their children than they suspect. With a good example at home, the facts of sex might perhaps be more easily taught by teachers in schools."

Dr. W. C. Quinby: "When correctly informed, parents should give such instruction."

The great majority of the physicians find the parents totally unqualified for giving sex instruction to their own children: in group A, 23 and in group B, 21 answered the question unqualifiedly in the negative.

Dr. T. H. Ames. "No, the average parent does not know *what* to tell, nor *how* to tell, nor *when* to tell; the average parent feels too embarrassed to talk about such matters; the average parent never tolerated masturbation in herself or himself and so cannot and will not tolerate it in the offspring; the average parent cannot be impersonal enough to teach the child."

Dr. J. M. Baldy: "No. Often ignorant, not morally capable themselves, and lack the power to properly convey knowledge."

Dr. S. E. Jelliffe: "Not yet, but they will be and should be the chief instructors—with a free coöperation of wise physicians."

Dr. J. C. Litzenberg: "No, but our efforts should begin by educating parents how to do it. But even then some will be entirely incapable or indifferent."

Dr. G. S. Whiteside: "Not parents of the present generation. Believe the next lot will know more."

In a great many of the answers, a hopeful view was taken that parents are beginning to become interested in such questions and that in another generation they will be able to take care of the sex education of their young.

27. Is the average medical practitioner competent to give sex instruction to children?

In group A, 5 and in group B, 11 individuals affirmed that the physician either is capable of giving such instruction or at least is more capable than any one else. A few replies are given:

Dr. F. L. Adair: "He is if he would give his attention to this matter."

Dr. W. W. Graves: "Yes, but efforts should be made to cause him to be more competent in this direction."

Dr. W. C. Quinby: "Yes, if he should take the necessary time and care."

In group A, 2 and in group B, 2 individuals returned qualified affirmatives. Since this group is so small, no examples of replies are presented.

As in the preceding question, the opinion is prevailingly negative: 29 individuals in group A and 17 in group B unhesitatingly affirmed that the average medical practitioner is completely incompetent to give such instruction.

Dr. T. H. Ames: "No. The average medical practitioner never heard the word sex mentioned in medical school and has never discussed any sex problems with any one. He is himself shocked at mention of the subject. He is not tolerant of a sex emotion as such, but he tolerates the idea of venereal disease."

Dr. L. H. Bernd: "No. As there are few Hugh Youngs or Jeanette Shermans in the profession, the average medico is nearly as unintelligent as the parent, judging from the mass of misinformation some patients receive."

Dr. S. E. Jelliffe: "My experience is that he is a great prude and knows little of the psychology of sex. He has a narrow orthodoxy which is mostly false."

Dr. H. C. Solomon: "I do not believe that the average medical practitioner is any more competent to give sex instruction to children than are the average parents."

28. If these sources are inadequate, what plan of instruction would you recommend?

The answers to this question are so varied and offer so many suggestive points of departure that we quote the majority of the answers in both groups.

Replies from Group A

Dr. E. Stanley Abbot: "The best methods of instruction have yet to be worked out. Facts, not prejudices or assumptions, are needed. The state and national social-hygiene associations may help to solve this problem. Physicians and psychologists may also help. Forel, in his *The Sexual Question*, has given some good suggestions. Prospective teachers in normal schools and colleges should be given sex instruction; social workers, nurses should also be taught how to teach."

Dr. T. H. Ames: "I would recommend education of the physician in medical school, including, in addition to the anatomy of the genital organs (his only instruction at present), detailed physiology of the parts and the deviations from the average physiological and psychological reactions to sexual acts and thoughts. Instruction to the laity must come from physicians, as the laity accredit a certain amount of prestige to a physician."

Dr. A. A. Brill: "There should be courses in psycho-sexuality in every college and university. I feel that sex is important enough to have a department of sexology in every institution of learning."

Dr. Helen W. Brown: "Courses in schools beginning with general hygiene, given perhaps by the school nurse, courses in biology and sociology in which the general facts of existence come out gradually without stupid reserves. The individual sex problems of children should be handled separately by a psychiatrist who knows something of children and sociology. One such psychiatrist might have charge of several schools. He might be also the school examiner for mental troubles."

Dr. Sanger Brown, II: "One plan would be to furnish the school medical examiner with an outline and have it included as part of his duties. If no medical examiner is in attendance, the local health authority. Have it supervised by a visiting experienced physician."

Dr. C. D. Camp: "Either father to son; or, if the father did not wish to do so directly, he could ask an older boy to tell his son what he wished told to him, but without disclosing the source. The older boy should be one who had the respect and admiration of the younger."

Dr. I. H. Coriat: "Sex instruction should be given by properly trained neurologists, psychiatrists, and psychoanalysts, either individually to children brought to them or to small groups of physicians or intelligent parents."

Dr. H. W. Frink: "Very highly trained and carefully selected instructors as a part of the school and college system, whose whole time is devoted to such matters. Similar persons should somehow be made within the reach of young adults who do not go to college. In schools and colleges it would be desirable to have certain members of the classes work as assistants to these instructors and as intermediaries between them and the other students. No perfect plan can be worked out without a good deal of experimentation, but I should think something on the basis of my suggestion will prove to be the ultimate solution."

"I should like to emphasize the necessity for careful selection of the instructors. My observation is that a very large proportion of the persons taking an interest in sex instruction are individuals who have never been able to solve their own sex problems; many of them are abnormal in the extreme and utterly unfitted for the tasks they have set themselves. On the whole, I think it should be demanded that an adult who is to teach others about sex should be unquestionably healthy, and one who has had healthy, wholesome sex experience."

"Books and pamphlets, *properly written*, can be made of much value both to adolescents and adults. However, I have yet to read any which, in my opinion, are properly written or likely to do much good. Sex instruction should not be mixed in with religious instruction, or moral instruction, or with any other purpose or effort at propaganda. To mix in preaching almost always makes the instruction fail of its purpose."

Dr. H. I. Gosline: "The establishment of agencies that have considered all sides of the question involved; physical, social, economic, ethical, religious. At the present time no such agencies exist. At the present time the whole scheme is immature, in my opinion."

Dr. W. W. Graves: "Make sex instruction a part of the education of the individual in the school, starting with the period of puberty."

Dr. T. H. Haines: "Parents must be taught. Schools must take up embryology with a view to teaching sex physiology and hygiene to adolescents."

Dr. R. W. Hall: "The remaining source of instruction is of

course the public school, and I should think this would be very valuable—supplementally. It has the advantage of being uniform and impersonal. It is striking in the neuroses and psychoses how individually many of the patients regard their cases—no one had such a type of sickness before, etc. When they realize that other sick people have been through the same mill, and that, while no two cases are just alike, their type is quite familiar—and especially if similar cases can be described to them—it is striking how they are bucked up. It seems to me this same thing can be applied popularly—in uniform and impersonal presentation. Each one picks out what applies to him and feels that after all it must be a common problem. I don't mean to urge this to the exclusion of a more individual instruction also. Despite our cravings for individuality, the knowledge of possession of some barn-yard herd traits is very comforting at times."

Dr. R. C. Hamill: "Only people who have had to make a study of this question really can adequately deal with it. Also, a great deal of generosity might be included in the attitude of the adult who is trying to help the young."

Dr. Arthur Hamilton: "In my judgment, properly qualified physicians in the community are the best to give this instruction."

Dr. G. V. Hamilton: "Carefully trained nerve specialists, working in coöperation with family physicians. Existing medical organizations could arrange to bring family physicians and nerve specialists together on a safe and convenient working basis. A national board (perhaps the one now existing for that purpose) ought to take account of the fact that there are 'bitter-enders' among nerve specialists who might mistake a lascivious running amuck for emancipation from unconscious inhibitions."

Dr. J. Ramsay Hunt: "Parents should have some instruction in the importance of this, especially women."

Dr. S. E. Jelliffe: "Instruct the physicians first. Then the parents. Few physicians get beyond the false, obvious, superficial, and prurient. They know and tell more smutty stories and are mostly hypocrites regarding sex matters."

Dr. Ernest Jones: "Enlightenment by mother at 4, by physiological teacher at 15, by medical specialist later in selected cases."

Dr. J. T. MacCurdy: "I believe that the average teacher is also incapable of giving this instruction, although perhaps better fitted to than parent or general practitioner. I believe that this problem will approach solution only when we have psychiatric clinics in all our schools, where the psychiatrist will be responsible for the solution of these along with other problems."

Dr. H. W. Mitchell: "I know of no plan proposed which would

meet all conditions and indications. Y. M. C. A., Y. W. C. A., and similar organizations might be used as teaching centers."

Dr. Abraham Myerson: "I cannot answer this question. Ideally each child should be instructed separately, but in lieu of this, instruction to groups of boys and girls of the same development should be given by specially trained persons."

Dr. Samuel T. Orton: "If possible, the selection of special instructors for the public schools who are well grounded in biology especially and with training in psychology and psychopathology."

Dr. Charles Ricksher: "That the school textbooks teach sexual matters as other branches of physiology, with no more emphasis than that given to gastric-digestion, for example."

Dr. S. I. Schwab: "These are adequate."

Dr. H. D. Singer: "Instruction for parents."

Dr. H. C. Solomon: "I believe that the only really satisfactory method by which this instruction can be imparted is at the hands of a specialist, a person who has made a study of this matter and who feels capable of handling the situation. Ideally, personality comes first into consideration. In other words, the person who is to do this must have an adequate personality. Secondly, medical training or a medical degree is an important attribute. The average child—or adult, as far as that goes—will take this instruction better from a doctor than from any one else. It should be given by a person of the same sex as the student."

Dr. A. W. Stearns: "Carefully selected doctor or others should instruct parents, and parents should instruct children."

Dr. Edward W. Taylor: "A physician specially trained and understanding."

Dr. W. A. White: "Such a specially trained person should be connected with all large educational institutions, and he should by preference be a physician. Every university ought to have at least one adviser for each sex who has a competent understanding of these problems and a sympathetic attitude toward the young in meeting the problem. It would be well if the school physicians could have special instruction in such matters."

Dr. C. C. Wholey: "Place general information applicable to both sexes in textbooks 'Physiology and Hygiene' (and pamphlets). Special information should be delegated to qualified physical-culture teachers or visiting physicians."

Dr. T. A. Williams: "The above agents when possible. When not, by psychiatrists; for the psychic factors are by far the most important."

Dr. G. A. Young: "Instruction in association with school work, beginning in 7th or 8th grade and on through high school."

Replies from Group B

Dr. F. L. Adair: "Some things can be taught in schools directly to children and indirectly through parents. If nurses and doctors would give these matters their attention, much more could be done."

Dr. J. M. Baldy: "One could write a book. I might say that no routine plan can produce results or be advisable for all cases. Each individual should be considered by himself or herself, and the environment, education, intelligence, opportunity be a dominant factor."

Dr. L. H. Bernd: "When possible, teach botany and biology in the schools; then, as the children become familiar with these subjects, have trained men and women to talk to them of the human functions only enough to make them understand that clean living and health make them better men and women and that the future race depends on them—that a man or woman who does not take care of his or her body is as much a criminal as any other."

Dr. R. C. Bryan: "Fathers for sons, mothers for daughters, classes in high school by reputable physicians selected for the lectures."

Dr. Hugh Cabot: "I have met a moderate number of unusual, very competent people, both men and women. I believe this number is much larger than is realized and that a considerably larger number could be obtained if demanded. They appear to me to be the solution of the difficulty."

Dr. J. B. Clark: "Have well-informed and otherwise suitable physicians instruct all parents (or teachers in lieu of parents) to give the fundamental knowledge outlined in 20 to all young children as early as they can grasp it—and then continue to keep the truth of nature before them. This practice will not hurt the parents either."

Dr. J. H. Cunningham: "Public-school instruction at age of puberty by a real, live, full-blooded, intelligent man who knows what he is talking about and talks so that he is understood and believed."

Dr. Hugo Ehrenfest: "Specially trained teachers, men teaching boys, women girls—the teacher trained specifically to teach this as any other teacher is specially trained in his particular branch."

Dr. Ella B. Everitt: "Special courses by medical men and women particularly adapted and qualified to teach other men and women, who in turn can instruct groups and individuals. In each com-

munity specially prepared medical teachers of both sexes should be available for this educational work as a specialty. Small communities should share in the services of one such for each sex."

Dr. F. E. Gardner: "Must be psychological, come from a broad-minded, firm, and disinterested source. I doubt very much whether genito-urinary specialists would be the best agency of teaching."

Dr. J. A. Gardner: "Teachers who have been thoroughly instructed in the subject; should speak before medical meetings, and should address schools."

Dr. R. R. Huggins: "Teach the parents; teachers and ministers may give great aid."

Dr. J. C. Litzenberg: "1. Education of parents how to give the proper information. 2. Education of physicians the same. 3. Special teachers with the qualifications."

Dr. W. E. Lower: "Films, free distribution of printed matter."

Dr. W. P. Manton: "I do not believe these sources inadequate. Certainly such instruction should not be left to old maids or to young unmarried male teachers. If parents are incompetent, it certainly must be a poor community where there is no upright, well-informed physician who can undertake the task."

Dr. W. C. Quinby: "I should use each of these sources and the school besides."

Dr. Jeanette H. Sherman: "Education of parents. Education of teachers. Instruction in connection with school work—not pronounced—gradually taught."

Dr. E. H. Siter: "Matters should be explained to the parents and passed on by them to the children."

Dr. G. K. Swinburne: "I think that teaching 'en masse' is horrible. A boy or girl who is rebellious can readily be instructed, but without the *corps d'esprit* your instruction is a waste of time and the taxpayers' money."

Dr. G. S. Whiteside: "Some medical practitioners (not average) can do it well, some teachers, some Boy Scout masters, some clergymen; not all of any class can wisely teach these things."

Dr. J. W. Williams: "I consider that the method of instruction is most difficult. As most people who engage in it tend to use it for purposes of propaganda, great harm will be done unless such instructors are specially trained, sane, and broad-minded individuals who can inspire confidence and can be relied upon not to go off on tangents."

Dr. A. C. Wood: "Cultivation of a pure mind by precept and example of parents, teachers, etc., clean literature, clean games, clean shows. Avoid lascivious literature, shows, games, etc. Proper education of all functions—do not dwell upon sex as if that were the only function of body."

29. Have you found that adolescents, taught the physiology of reproduction by nature study, apply the instruction adequately to themselves?

In group A, 4 individuals and in group B, 6 gave affirmative answers to the effect that when nature study is properly taught the instruction is carried over to themselves by children.

In group A, 3 individuals and in group B, 3 stated that the material learned is only partially carried over.

In group A, 14 individuals and in group B, 13 gave unqualified negative responses.

In addition to those who did not answer, 17 of the physicians stated frankly that they did not know.

*30. What agents, in your experience, contribute most to the first sexual offenses in young men?*¹

The points of view are again so divergent that a fairly complete presentation of the opinions expressed by group A seems the best kind of summary to give. The replies in group B were not in general different from those presented below.

Dr. E. Stanley Abbot: "I have only an impression, as I have no data, but I should say being led into it by companions."

Dr. T. H. Ames: "What is meant by offenses here? Do you mean violent rape of young girls or masturbation? I should consider rape an 'offense'; masturbation an act to be expected in every normal, healthy boy and girl. In any case, the fundamental agent is physiological, the immediate inciting agent is environmental or accidental."

Dr. A. A. Brill: "If you mean legal offenses, my answer is mental deficiency (congenital or artificial). If you mean first sexual intercourse (illicit) my answer is civilization, which defers the mating function too long."

¹ The words "sex offense" are objected to in this question by several physicians. In view of the fact that the present questionnaire was put out primarily for the use of social-hygiene workers, and since they use the term in a purely legal sense, the authors felt justified in adopting their terminology.

Dr. Helen W. Brown: "The tendency to twist and interpret facts and conditions in such a way as to permit one to feel that the thing one wants to do is the right and sensible thing."

Dr. C. D. Camp: "Enticement by girls. Imitation of companions."

Dr. I. H. Coriat: "Temptation by others so inclined and a false idea that the ability to perform coitus is the only sign of manhood."

Dr. H. I. Gosline: "Your word 'offenses' shows a bias which nothing I might say could overcome. To maintain such a bias would unfit one for this sort of work. I do not know of any agent which may be said to contribute *most* to the first sexual act in young men."

Dr. W. W. Graves: "1. The sexual instinct. 2. Ignorance of the consequences. 3. Evil associations."

Dr. T. H. Haines: "Alcohol, and male sex offenders."

Dr. R. W. Hall: "1. The 'gang' goes to a house of prostitution. 2. Other boys describe their sexual experiences to him and he emulates them in order to stand up with the herd, and also to gratify his curiosity. I doubt if passion plays much of a rôle at first."

Dr. R. C. Hamill: "Curiosity. The desire to cease masturbation when that act has been represented to them as a potential cause of insanity, loss of manhood, etc."

Dr. Arthur Hamilton: "Their own instincts, lashed by lascivious tales of fellows who claim to have led Don Juan lives; the seductions of immoral women; ignorance of the broader issues involved in illicit sexual relations; failures of parents to hold out prospect of early mating, with rewards for continence personal purity, etc."

Dr. J. Ramsay Hunt: "Strong desire and virile nature. Alcoholic indulgence. Late marriage. Immoral associates and removal from home influences."

Dr. S. E. Jelliffe: "Fellow companions; idea of being smart and grown up; servants; and *many married women*."

Dr. Ernest Jones: "Meaning?" (Word "offenses" underlined.)

J. T. McCurdy: "In my experience masturbation is the most frequent occasion for recourse to prostitution, and I believe that no item of education would be of more value than the knowledge that intercourse without affection is essentially nothing but onanism. In fact, I believe that fundamentally, apart from any economic consideration, masturbation and prostitution are the same problem."

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The man-and-mistress situation is, of course, an entirely different affair."

Dr. H. W. Mitchell: "Leadership of elders of both sexes."

Dr. Abraham Myerson: "(1) Counsel and example of older men. (2) The solicitation of immoral women and girls. (3) Special situations such as dances, country automobile trips, etc. However, it may be stated briefly that the urge of desire sooner or later finds an opportunity, which opportunity is conditioned by some of the circumstances given above."

Dr. Samuel T. Orton: "Alcohol and companionship of older men of loose morals, but affable exteriors."

Dr. Charles Ricksher: "Alcohol—curiosity—companions."

Dr. A. H. Ruggles: "Alcohol and prostitution."

Dr. S. I. Schwab: "1. Imitation. 2. Suggestion. 3. Accidental factors. 4. Plays, books, talk, smut of all kinds. 5. Environmental influences. 6. Father's attitude, etc."

Dr. H. C. Solomon: "The most important matter in the sex experience of the average young man is his environment, the moral standards of his associates. Aside from the cases in which he is the passive agent, the crux of the matter lies in the moral standards that are held in his little community. All other matters, I believe, are of secondary importance to this."

Dr. Edward W. Taylor: "Alcohol primarily. Poor companionship. Lack of physical exercise."

Dr. R. M. Van Wart: "The suggestion on the part of others."

Dr. W. A. White: "The causes are multitudinous, but frequently seduction by older persons or at least initiation by older companions."

Dr. C. C. Wholey: "Instinctive curiosity aroused according to the myriads of incidents which might figure in the individual's experience. Probably the most frequent introduction is through some companion who has sex knowledge and imparts the same to the unsophisticated—the desire to be manly, etc. Reading suggestive literature. Insufficient physical outlets and diversions, when once aroused, and overwhelming, driving instinct for sexual gratification, coming in turn from the unconscious drive for procreation, are tremendous factors in continuing offenses."

Dr. T. A. Williams: "Fruits of example."

31. Should any particular age be recommended for marriage, irrespective of economic problems?

In group A, 12 individuals and in group B, 16 answered the question affirmatively, most of them actually giving a particular age. Some merely answered the question affirmatively by saying that they believed in early marriages.

In group A, 21 individuals and in group B, 13 stated that no age could be set. Several members of both groups stated that the matter is so bound up with economic factors that no sensible answer could be returned.

As regard the ages at which marriage is recommended for women, the distribution of answers is as follows: 12 set the proper age for marriage at 20 or over; 5 at less than 20; 2 placed the lower limit as low as 16 or 17. The upper limit for women was 30.

For males all set the lower limit at not less than 20 and all indicated that marriage is desirable in the male before 30 to 35.

**III. WITH RESPECT TO THE MATERIAL TO BE INCLUDED IN A
PROGRAM FOR POPULAR EDUCATION CONCERNING
VENEREAL DISEASE**

32. Should the prevalence of venereal disease be emphasized?

This question was answered overwhelmingly in the affirmative; 27 in group A and 24 in group B stated unreservedly that the prevalence of venereal disease should be emphasized.

In group A, 7 individuals and in group B, 6 stated that, while it should be taught, the facts should not be exaggerated or overemphasized.

Only 1 individual in group A and 1 in group B answered this question in the negative.

33. Should the dangerous character of the diseases be emphasized?

In group A, 24 individuals and in group B, 24 affirmed unqualifiedly that the dangerous character of the diseases should be emphasized.

In group A, 9 individuals and in group B, 5 agreed that the dangerous character should be taught, but not emphasized or

exaggerated. Several of the physicians brought out the fact in this group that serious damage is often done to the individual by stressing the utter hopelessness of such diseases.

Again only 1 individual in group A and 1 in group B returned an unqualified negative.

34. Should the public be instructed concerning the character of lesions resulting from venereal infections, as by photographs of cases?

In group A, 12 and in group B, 18 stated positively that instruction by means of photographs, etc., is advisable.

Dr. L. H. Bernd: "Especially effective was *Fit to Fight* with the A. E. F."

In group A, 7 and in group B, 4 replied in the affirmative with certain reservations.

Dr. E. Stanley Abbot: "I believe in telling the layman that the open sore, slow to heal and not apt to be very painful, is likely to be syphilitic. I believe in telling him about snuffles in the baby and about mucous patches in the mouth and nose, but in being careful not to arouse morbid fears at the ordinary 'cold in the head' or 'canker' in the mouth. I doubt the wisdom of showing photographs of skin lesions, as the layman has not sufficient background of experience with other types of skin lesion to prevent his getting a warped judgment."

Dr. H. D. Singer: "Not in detail, but sufficient to lead them to seek advice."

Dr. A. R. Stevens: "Believe in instruction in general, but doubt whether illustrations have added value."

Dr. G. S. Whiteside: "Yes, provided mild and harmless-looking lesions are pictured as well as the most severe."

In group A, 15 replied in the negative and in group B, 9.

Dr. F. L. Adair: "I think not."

Dr. Helen W. Brown: "The general public probably should not be shown photographs, for they can't diagnose without training. Some might enjoy horrors and others be much upset."

Dr. Samuel T. Orton: "I doubt the advisability of this, as it may lead to efforts at home treatment, etc. Anything which will direct the patient to a good physician, even uncertainty of diagnosis, is valuable."

Dr. H. C. Solomon: "I do not believe that much instruction should be given as to the type of lesion experiences. A layman cannot acquire an idea of specific lesions, and it is exceedingly bad mental hygiene for any one to be looking for a disease. We all know the experience of the medical student and the nurse upon learning of symptoms. I should be rather strongly opposed to this matter of propagating information."

Dr. G. K. Swinburne: "No—decidedly not, or every skin eruption will be taken for syphilis."

Dr. C. C. Wholey: "The use of photographs, specimens, etc.—the kind of thing that would be done with medical students—is to my mind inadvisable in instructing the public, because, not being generally instructed in medical matters, such means of conveying instruction will impart a distorted knowledge of the subject, and morbid ideas and unwarranted fears are apt to result, not only with regard to the subject of venereal disease, but also with regard to other health matters."

35. Are any of these facts (32, 33, 34) likely to lead to morbid fears which would make publicity inadvisable?

In group A, 7 of the answers and in group B, 9 were affirmative, to the effect either that their practice had given incontestable evidence that such instruction led to morbid fears, or that in their opinion it would lead to morbid fears.

Dr. A. A. Brill: "Yes, I have had many such cases."

Dr. R. C. Bryan: "More than corrected by the good done."

Dr. C. D. Camp: "Yes, I have seen a considerable number of such cases."

Dr. H. S. Kretschmer: "Yes. Evidence: the countless neuros who read the ads of the quacks."

Dr. G. K. Swinburne: "I believe that present methods are doing more harm than good."

In group A, 9 and in group B, 7 returned qualified affirmatives.

Dr. A. M. Barrett: "In some instances it may, but this does not counterbalance the good that may be accomplished."

Dr. H. W. Frink: "A campaign intended to produce continence and freedom from venereal disease by frightening young people into morality will not only lead to morbid fears, but to perversions and other abnormal conditions, and would be thoroughly undesirable."

A campaign of truth-telling may have the same effect on some, but this fact, if it is a fact, will be offset by the good done to the many."

Dr. F. E. Gardner: "Yea, but the good outweighs greatly the possible evil. A normal, clean-minded young fellow will not be afraid if he knows he is keeping straight."

Dr. Arthur Hamilton: "Certainly they will, but not sufficiently often to render the instruction improper."

Dr. W. P. Manton: "Possibly in a few instances—morbid, introspective individuals. The majority appear to be frightened into leading clean lives."

Dr. Edward W. Taylor: "In many cases yes—but this does not counterbalance the good."

In group A, 17 individuals and in group B, 14 returned unqualified negatives to the effect either that their practice had shown that when instruction is properly given no such fears do appear, or that they do not believe that such fears will arise.

Dr. J. M. Baldy: "No. Of course an excess of it may, but not such an amount as we are likely to have opportunity to present."

Dr. J. C. Litzenberg: "No, some will be affected, but the majority will not."

Dr. A. H. Ruggles: "Not unless improperly taught."

36. With how much detail should the bacterial, etc. origin and mode of infection be taught?

In group A, 23 individuals and in group B, 4 emphasized the necessity of teaching complete details or at least as complete as the individual can comprehend. A frequent type of reply was that the bacterial origin of venereal disease should be taught with the same degree of thoroughness as that of any other infectious disease.

Dr. H. I. Gosline: "With as complete detail as possible. Such instruction is neutral and has no ulterior motive, such as the instillation of fear."

Dr. J. Ramsay Hunt: "The truth may be told."

Dr. Ernest Jones: "Same as other diseases, in lectures on hygiene and physiology."

Dr. W. E. Lower: "Yes, in detail."

Dr. Charles Ricksher: "With as much detail as the teaching of the mode of infection of typhoid fever and tuberculosis."

Dr. Edward W. Taylor: "Considerable."

In group A, 5 and in group B, 15 would teach the bacterial mode of infection, but would not go into details. A great many of these replies called for the barest detail possible or stated that it should be taught only in a general way or in moderate detail.

Dr. I. H. Coriat: "In moderate detail, avoiding medical terminology as much as possible."

Dr. F. E. Gardner: "Not much, just essentials."

Dr. A. R. Stevens: "Believe it is a waste of time to attempt details. That each disease is caused by a specific microscopic organism seems sufficient."

Dr. R. M. Van Wart: "Only suggestions sufficient to enable the student to understand."

In group A, only 7 individuals and in group B, 7 also would give no instruction.

Dr. A. A. Brill: "Altogether unnecessary."

Dr. J. M. Baldy: "Not at all—superfluous."

Dr. E. H. Siter: "Over the heads of most of the people you are trying to reach."

Dr. H. C. Solomon: "The origin of venereal disease from the point of view of laboratory medicine and the like is of little importance to the average man. I think this is merely a matter of cultural information. As one goes higher in the scale of educational attainments, it has a certain general interest, but as far as the ordinary disease campaign is concerned, I do not believe that it has any particular place."

Dr. Edward W. Taylor: "Not worth while."

Dr. J. W. Williams: "As little as possible."

37. Should stress be laid upon the possibility of cure by prompt and continued treatment? . . . Is this likely to lead to overconfidence?

To the first part of the question, 28 individuals in A and 25 in B unhesitatingly affirmed that stress should be laid upon the possibility of cure of venereal disease by prompt and continued treatment.

In group A, 3 and in group B, 4 returned qualified answers, but in general affirmative.

In group A, 6 and in group B, 2 would not lay stress upon the possibility of cure by prompt treatment. Their reason for this is the fear of overconfidence.

In regard to the second part of the question, as to whether the knowledge that the disease will yield to prompt and continued treatment is likely to lead to overconfidence, 7 individuals in group A and 3 in group B answered affirmatively.

In group A, 5 and in group B, 2 returned qualified affirmatives to the effect that if the instruction was well done, there should not be overconfidence, or that even in spite of the fact that overconfidence may arise, the community should protect itself by emphasizing the possibility of cure by prompt treatment.

In group A, 16 and in group B, 17 individuals replied that there is no danger of overconfidence resulting from instruction.

38. What instructions concerning marriage are to be given to men who have had venereal disease?

The replies to this question were almost purely medical and to the effect that no individual should marry until a specialist had issued to him a clean bill of health. In some instances gonorrhea and syphilis were discussed separately. The general drift of the replies may be shown by a few quotations.

Dr. H. W. Frink: "That marriage is all right if thorough and complete examinations prove that cure is complete. That marriage should never be contracted without such examinations. That those who are not completely cured may, under certain circumstances, and with special precautions, marry, but that they should never do so without *competent* advice. These circumstances and precautions are ones which render the woman safe against infection and children safe against transmission. Unless assurances as to such safety can be obtained from competent authorities, marriage should not be undertaken."

Dr. W. W. Graves: "If gonorrhea, and a year or more has elapsed, and a competent physician after careful examination finds

no evidence of the disease, marriage may be permitted. If the individual has a syphilitic infection, then for the welfare of the potential mate and children—welfare of the race—the syphilitic should gladly deny himself the privilege of marriage."

Dr Abraham Myerson: "Those who have gonorrhea would need a thorough examination before marriage is permissible. For those who have had syphilis, a thorough course of arsphenamine treatment should be insisted on for at least 2-3 years before marriage is permitted."

Dr. H. C. Solomon: "As to advice concerning marriage to men who have had venereal disease, this will depend largely upon the idea of the physician attending the case. I do not believe that any general laws can be laid down except as very general laws. In the case of gonorrhea, there is no criterion of cure, and yet cure must be the *sine qua non* for permission to marry. This will depend, of course, upon the severity of each case and will have to be left to the discretion of the attending physician. For syphilis the matter stands about the same. Again, there is no criterion for cure. I believe that conservatism, despite the apparent good results of arsphenamine treatment, is advisable, and conservatism, in my estimation, would mean three to five years after infection in those cases which have reacted satisfactorily to treatment."

Apparently the general consensus of opinion is that the men should be allowed to marry after having been given a clean bill of health by a competent specialist. In group A, 2 and in group B, 0 individuals would deny cured syphilites the right to marry.

39. What attitude toward infected men, presumably cured, is to be encouraged in women?

The answers to this question were very varied as to details, but in general may be classified under one of the following four forms:

1. That in every case the woman should be told by the man before marriage of any history of venereal disease (or vice versa). She should be encouraged to take a sane attitude toward the matter, but to be skeptical of the cure for a reasonable length of time. She should demand a clean bill of health from a competent specialist and then counsel a period of waiting rather than a speedy marriage.

2. That marriage with a man presumably cured is always a risk. She should be told that she may have infected children or weak, unhealthy children, or that she herself may become

infected; in other words, that the man is damaged or belongs in the second-hand class.

3. A large number of the replies stated that if the man were cured, no particular attitude should be encouraged in the woman. Certain of the replies stated that the woman should take the same attitude toward a man cured of venereal disease as she would take toward one cured of any other infectious disease. Many replied that there was no particular necessity for mentioning the matter to the woman at all.

4. That in case the venereal disease had been syphilis, there should be no marriage.

Replies Illustrating 1

Dr. H. C. Solomon: "I should advise what I consider a rational attitude toward men who have been infected and presumably cured. If we feel confident that there are to be no bad results from the disease, I see no reason why it should be held up as of any more consequence than the acts which led toward the disease."

Dr. T. H. Ames: "Proof—i. e., 'I'm from Missouri, show me'—as demonstrated by examination and time."

Dr. W. P. Manton: "Defensive, until a competent physician's written opinion of the cure removes the obstacle."

Replies Illustrating 2

Dr. E. Stanley Abbot: "That she is running a risk of infection and, in the case of syphilis, of having some defective pregnancies; that the man who has indulged in extra-marital venery is not immune from such behavior in the future, even though married to her."

Dr. F. L. Adair: "That they may acquire the disease. That they may have no children."

Dr. H. T. Byford: "Should consider them probably capable of giving infection."

Replies Illustrating 3

Dr. A. A. Brill: "If a man is cured, he is cured."

Dr. J. B. Clark: "The same as towards any other person who has suffered a sickness and may possibly not be a healthy mate."

Dr. A. H. Crosbie: "The same as though he had never had the disease."

Dr. J. H. Cunningham: "The subject should not be mentioned."

Dr. H. W. Frink: "That her attitude toward a man presumably cured should be the same as toward one who had never been infected, except for the fact that she should be urged, and taught that it is her right, to use every possible means that will establish the presumption of cure as a fact. I mean that she should demand full evidences of cure, if they have not been offered her."

Dr. R. C. Hamill: "They are to be accepted, if wanted, if cured as above."

Dr. Charles Ricksher: "Why should they know men were infected?"

Dr. S. I. Schwab: "I should say the same as any other disease."

Dr. J. W. Williams: "That marriage is perfectly justifiable provided the man has a clean bill of health signed by a competent medical authority."

Replies Illustrating 4

Dr. W. W. Graves: "If gonorrhea, and after a sufficient lapse of time and satisfactory examination, she need not hesitate to marry the man. If, on the other hand, the man has had a syphilitic infection, the possibility of acquiring the disease from him, however thoroughly he may have been treated, and the likelihood of becoming the mother of delicate, poor resistant types of children should cause her to refuse to marry the man who has at one time had a syphilitic infection, unless she herself be a syphilitic. Should a syphilitic man and woman marry, then, for the welfare of the race, conception should be prevented."

Dr. G. V. Hamilton: "A man who has had gonorrhea must be pronounced absolutely clean by a bacteriologist. A woman is foolish ever to marry a man who has had syphilis."

The relative frequency of replies was as follows:

Types of replies under 1.....	28
Types of replies under 2.....	6
Types of replies under 3.....	9
Types of replies under 4.....	3

40. *What instruction should be given concerning the use and effectiveness of medical prophylaxis?*

1. Thirty-five individuals replied that full instruction should be given, emphasizing the fact that while medical prophylaxis

is not completely effective, it is the best known device for reducing the number of infections per exposure.

2. Twelve replied that instruction should be limited to that given to the men of the United States Army and Navy, or that only enough instruction should be given to avoid suppression—again with emphasis upon the partial effectiveness of prophylaxis.

3. Nine replied that no instruction should be given, that prophylaxis is not safe and not effective.

41. Will the belief in the only partial effectiveness of medical prophylaxis discourage its use?

In group A, 14 and in group B, 5 replied to the effect that a belief in the partial effectiveness of medical prophylaxis would discourage its use.

In group A, 18 and in group B, 23 replied to the effect that if the facts were adequately presented, the belief in its partial effectiveness would not discourage its use.

42. Should self-administration of prophylaxis be encouraged?

In group A, 14 individuals and in group B, 11 stated emphatically that self-administration of prophylaxis should be encouraged; some going so far as to say that, on account of the time element involved, it is the only effective method.

In group A, 5 individuals and in group B, 3 would qualify their remarks in some way—that it “should not be encouraged,” that it “should not be publicly taught,” that it “should be taught if nothing else could be had,” or that “it’s better than none.”

In group A, 12 and in group B, 14 individuals replied in the negative. The reasons for these negative replies are not given. Usually the word “no” is given without qualification and is sometimes underscored.

43. What proportion of patients infected with venereal disease had an adequate knowledge of the disease before infection?

In group A, 16 and in group B, 15 replied to the effect that few men and no women had anything like an adequate or even

working knowledge of the disease before infection was incurred.

Dr. J. M. Baldy: "Few except second offenders."

Dr. Horace Binney: "Small."

Dr. R. C. Bryan: "But few."

Dr. H. T. Byford: "Not many."

Dr. A. H. Crosbie: "Few."

Dr. H. W. Mitchell: "Few before, and I sometimes think less after."

Dr. J. W. Williams: "Cannot answer exactly, though I know from my experience that a considerable number of educated women scarcely know what syphilis means."

In group A, 6 and in group B, 8 replied to the effect that few or none were ignorant, before infection occurred, of the possible danger.

Dr. J. Ramsay Hunt: "In men, all had a knowledge, not always very exact, of the disease in question. In women many marital cases had no adequate knowledge of the disease or its dangers."

Dr. Ernest Jones: "Most, except knowledge of prevention, which is not accessible to the public."

Dr. J. C. Litzenberg: "Nearly all."

Dr. E. H. Siter: "Males 100 per cent. Females?"

In reading the replies to this question, one is struck by the number of physicians who did not reply or who answered that they were not competent to answer this or did not know. In group A there were 13 such replies and in group B, 5.

44. Is the proportion of gonorrhreal re-infections greater or less than would be expected from chance? That is, does one attack of the disease tend to make men more or less careful?

In group A, 12, and in group B, 10 replied that, once having had an infection, the individual became more careful. Many stated that while this is true, it did not lessen the number of exposures.

In group A, 3 and in group B, 5 returned qualified affirmatives, such as, "It depends upon the individual," "It makes some more careful, but some less careful," or, "It makes them more careful for the time being."

In group A, 5 and in group B, 7 replied that one infection did not make the individual more careful.

45. What method have you employed to discourage reexposure to venereal diseases and with what success?

In view of the fact that this question concerns genito-urinary surgeons and gynecologists more particularly than the psychopathologists, the answers received from group B are presented in full.

Dr. F. L. Adair: "Indifferent success."

Dr. J. M. Baldy: "Various. No success at all as far as I know."

Dr. L. H. Bernd: "Taught venereal prophylaxis and the use of protectives, in men. Prophylaxis by smearing the vagina with calomel ointment was suggested to the managers of several houses of prostitution in France, but the result cannot be gotten."

Dr. Horace Binney: "a. Emphasis of danger in contracting disease. b. Results not known."

Dr. R. C. Bryan: "Possible complications; indifferent success."

Dr. H. T. Byford: "Emphasize and explain the dangers of remote effects after supposed cure."

Dr. Hugh Cabot: "I have explained the large probability of increasingly serious consequences and allowed them to draw their own conclusions."

Dr. J. B. Clark: "Stating the facts as we know them has been followed with encouraging results."

Dr. A. H. Crosbie: "I advise abstinence. I give each patient, when cured, complete instruction in prophylaxis."

Dr. J. H. Cunningham: "State the facts regarding the frequency of venereal disease, which shows the odds against one. Appeal to their intelligence in the game of chance. If intercourse engaged, wear condom. If not, prophylaxis."

Dr. Ella B. Everitt: "With women, knowledge of risks they run if they continue to expose themselves to further infection. Married

women who are innocent sufferers may separate from their husbands; others sometimes refuse to cohabit; still others yield."

Dr. F. E. Gardner: "Have always told them very bluntly that the only way to keep out of trouble is to keep away from trouble, and an intelligent youngster, in my experience, is pretty willing to listen to that argument."

Dr. J. A. Gardner: "Have advised prophylaxis, 'sanitube,' with very good results."

Dr. R. R. Huggins: "Emphasize the danger to self and others."

Dr. H. S. Kretschmer: "Not knowing any method that has succeeded, I cannot say. Methods of 'advice,' 'reason,' 'fear' and what not fail and are less 'powerful' factors than are:

1. Powers of erection
2. Sexual appetite (in either sex)
3. An attractive and willing partner (either sex)
4. Sex knowledge
5. The time and place.

Dr. J. C. Litzenberg: "Education—plain talks. With what success? I wish I knew; apparently considerable success, but after my 'straight-from-the-shoulder' method, perhaps they go elsewhere when re-infected."

Dr. W. E. Lower: "Presenting possibilities of complication in infection. Do not know with what success."

Dr. W. P. Manton: "Usually men who have had their 'dose' are more careful. Women who are infected by their husbands are usually ignorant of the source or condition. Proper advice to both parties is usually effective."

Dr. W. C. Quinby: "Explanation of reasonableness of continence. Demonstration of damage done by infection. Success depends on position of patient in social scale, in degree of intelligence."

CONCLUSIONS

The questionnaire, giving as it does for the first time a consensus of medical opinion on matters concerning sex education and information about venereal disease, has three general types of usefulness: (1) It should be consulted during the construction of all programs on sex education of both the youth and the adult. It may be objected that medical opinion is only opinion after all. While this is unquestionably true, the various publications of leaflets on sex education have been

based hitherto usually upon one man's opinion or upon the opinions of a very small group. Certainly, in the absence of scientifically gathered data, a consensus of medical opinion should be our best guide in such matters. (2) The questionnaire in a similar manner should be of aid to those who are undertaking the construction and evaluation of new material—films, literature, etc.—to be used in the various campaigns against venereal disease. (3) It may be used for checking whether the materials, method of instruction, etc. of the films now employed in venereal-disease campaigns are in accordance with expert medical opinion. Again, it may be pointed out that while a consensus of medical opinion as such is not as good a guide for making such evaluations as scientifically determined data, yet in the absence of such data it is unsafe in such campaigns to use facts and information which the majority of medical men would condemn.

Since our own experimental work on the films now in common use is our chief interest, we shall leave the matter of the summaries under 1 and 2 above to those who are especially interested in general sex instruction and in the construction of new campaigns against venereal disease, and confine our summary to 3 above. In attempting this review as to whether the facts and lessons presented by the films now in use in campaigns against venereal disease—especially *Fit to Win*—are in harmony with medical opinion, a sharp distinction should be made between what is presented and what is emphasized; between a proper method of presenting such factual material, and whether *Fit to Win* and the other films employ proper methods and use proper emphasis. Our analysis below is concerned with the types of facts presented and not with the emphasis or with the lessons to be drawn from them. Our experimental work on the films, which will be published elsewhere, deals with the question of emphasis and the evaluation of the methods employed in various presentations.

To make this point especially clear, one needs only to consider an example. The consensus of medical opinion is that the lesions resulting from venereal disease should be presented to the public and that in making such a presentation photographs of such lesions may be used. But whether the method of presentation adopted in, for example, *Fit to Win*,

using as it does photographs of extreme and rare cases of such lesions, is one that would square with medical opinion, or even with common sense, is not touched in our present analysis.

*I. As Regards Medical and Biological Facts Taught by Films
Such as "Fit to Win"*

1. From the standpoint of the emphasis upon the prevalence of venereal diseases and their serious nature, this film, as well as *The End of the Road*, *The Men's Lecture Film*, and *The Women's Lecture Film*, square with the consensus of medical opinion. In *Fit to Win* a total of 608 seconds are devoted to the prevalence of the diseases and their dangerous character. Question 32 and question 33 in the present questionnaire receive an overwhelming number of replies to the effect that such emphasis is proper. In regard to the way this information is to be imparted—whether photographs of infected individuals, blind children, cinematographs of cases, etc. can be used—replies to question 34, which asks whether the character of the lesions should be shown by photographs, approve of some such method, since 44 answered in the affirmative (including qualified affirmatives) while only 24 replied in the negative.

2. As regards whether morbid fears are likely to result from the presentation of such facts, there is no consensus of opinion, medical opinion being about equally divided for and against it. Again, as to whether such fears are developed by the films in use, only observation will decide. Our data bearing upon this question will be presented in another publication.

3. In regard to teaching the bacterial origin of venereal disease, the films now in use, especially the *Men's Lecture Film* and *Fit to Win*, are in line with such medical opinion. In *Fit to Win* 30 seconds are devoted to micro-photographs of gonococci and 65 seconds to micro-photographs of spirochetes. Question 36 approves this procedure in the ratio of 57 replies (including the qualified) to 14 against. The film would not have erred, using medical opinion here as the basis of judgment, if more details had been given. The *Men's Lecture Film*

and the *Women's Lecture Film* give much more complete presentations of the bacterial origin of such diseases.

4. On the possibility of cure of venereal disease, *Fit to Win* errs grievously upon the side of suppression of information as to the possibility of cure. Question 37 shows 60 replies in favor of emphasizing the cure and only 8 against imparting such information. While cure is stated as being possible, no facts on the number of persons cured as over against those not cured are presented and no facts on the ease with which most early cases of syphilis and gonorrhea yield to treatment are shown. The impression is studiously created that the man is damaged almost beyond repair. More facts should have been incorporated and more hope held out. Furthermore the film could have taken steps to incorporate a sane attitude in women toward cured men, in accordance with the consensus of opinion under question 39. If more facts had been presented, the film would have been better balanced in this respect.

5. As regards prophylaxis. The facts regarding the effectiveness, limitations, the time limits of application of prophylaxis, etc. are unquestionably inadequately presented from the standpoint of medical opinion. In question 40, 35 physicians stated that the public should have adequate data on the effectiveness and limitations of prophylaxis; 12 replied that the instruction should be limited somewhat—e. g. to that given to the men in the army and navy; whereas only 9 replied that no such instruction should be given—that prophylaxis is not safe and not effective.

As regards the method of applying prophylaxis, the old form of *Fit to Win* (*Fit to Fight*) gives a good account of the method, showing its actual application by means of the cinematograph. *Fit to Win* gives a very inadequate and meager account of the method, but at least it does emphasize strongly the need, after exposure, of immediate prophylactic treatment at the hands of a qualified physician.

The self-administration of prophylaxis—the important question for the civilian population—is not touched upon. For civilians, medical opinion is about equally divided for and against teaching self-application of prophylaxis. The film, in giving no information concerning this, is probably erring on the safe side.

6. The great lesson in all of the films is that absolute continence is to be insisted upon. The total time in *Fit to Win* devoted to this subject is 453 seconds. It is taught that continence is in no way injurious to health, and that the continent man is equal if not superior to the incontinent. It teaches also that nocturnal emissions are not harmful. While the physiological justification for these teachings (neglecting here all moral and social considerations) have always been assumed rather than scientifically determined, they are in line with the majority of the opinions quoted under questions 16 and 17. The various films, apparently advisedly from the standpoint of medical opinion, do not discuss the question of masturbation or that of sex perversions (question 18).

II. Should Age and Sex of the Individual be Taken into Consideration in the Exhibition of the Films?

1. As regards sex. According to the majority of the replies, none of the films used by the American Social Hygiene Association errs in the inclusion of factual material that should not be shown to the public. Replies to questions 1, 2, 3, and 4 show rather overwhelmingly that both men and women should be taught concerning the anatomy and physiology of their own sex organs, but that there is some question (see replies to question 3) as to the advisability of teaching such facts about the organs of the opposite sex. There is agreement that the general facts of ovulation, impregnation, development of the embryo, etc. should be taught. In venereal-disease campaigns, especially where motion pictures are employed, these questions arise only incidentally, but in showing methods of the contraction of venereal disease, the spread of infection from the various foci, the infection of the embryo, etc. such details must necessarily appear. This is especially true in the *Men's Lecture Film* and in the *Women's Lecture Film*. Few such details are shown in *Fit to Win*. The question as to whether these films should be shown to mixed audiences introduces social factors which are not touched upon here, but which will be discussed in our other publication.

That there is a possibility at least that certain parts of the film may inculcate in women a reaction against all sex relations should be borne in mind. Replies to question 10 show about an equal division of answers for and against the possibility that maladjustment in married life may result from women's belief in the obscenity of all sex relations.

2. As regard the age at which such films may be seen: the films when considered purely from the standpoint of the material presented—leaving aside the question of emphasis, that of the dramatic method employed, etc.—present no medical or biological facts that should be kept concealed from boys and girls who have entered puberty, provided we assume, in accordance with the consensus of medical opinion under question 21, that the facts presented by the various films have already come within the child's own experience. According to the opinion expressed under question 24, even the existence of prostitution should be taught at puberty, there being 29 affirmative replies as over against 17 negatives.

Probably the physicians returning these answers, judging from the whole series of replies under II, would insist that before such a presentation of material could be assumed as being safe, the adolescent should have had gradual education in sex matters from early childhood to puberty at the hands of properly qualified parents or other instructors.

AN OUT-PATIENT CLINIC IN CONNECTION WITH A STATE INSTITUTION FOR THE FEEBLEMINDED *

WALTER E. FERNALD, M.D.

Superintendent, Massachusetts School for the Feeble-minded

A MODERN institution for the feeble-minded, with its trained personnel, its diagnostic facilities, its highly specialized equipment for training and education, with a vast background of experience, covering the completed life histories of many mentally handicapped individuals, constitutes a civic asset, with exclusive opportunities for individual application, which should be freely available, not only for the relatively few persons who are committed to the institution, but to all citizens of the state who need such services.

In practice, in all such institutions, it has been found that problems of juvenile and adolescent mentality and of maladjustment arising in the institution territory are frequently brought to the institution for advice. Thus, an out-patient clinic naturally develops to a greater or less extent as a part of the work expected of a state institution for the feeble-minded. This is not only greatly to the advantage of the community, but it is a great privilege and opportunity for the institution staff to be brought into contact with many undiagnosed juvenile mental and personality problems.

At a time when mental clinics are rapidly being organized all over the country, it may be of interest to describe briefly the practical working-out of the Waverley clinic.

The Massachusetts School for the Feeble-minded has been established for seventy-two years, and is located within thirty miles of the homes of two million of the three and one-half million inhabitants of a relatively small state with excellent transportation facilities.

In 1891, the number of outside cases applying for advice had so increased that one day of each week was designated as

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out-patient day, and this practice has continued to the present time, although cases are also often seen on other days. This plan is generally understood by neighboring physicians, social workers, etc. It is also generally understood that advice may be sought freely by letter or telephone at any time. No charge is ever made for advice given at the school. Over six thousand patients have been referred since 1891.

For several years past, from five to ten patients are examined on each out-patient day. A larger number could not be handled with present facilities.

The staff of the school also conduct regular mental clinics in connection with the public-school organizations in Worcester, Fall River, New Bedford, and often in other cities. Many other cities desire similar school clinics. An augmented staff recently examined 41 presumably defective children in one day in a rural school in a degenerate community.

For the year 1919, the clinic at Waverley gave advice concerning 377 patients. Of this number 280 were thoroughly examined and the others were advised by letter or telephone. The number was much smaller than for several years past, as the clinic was suspended for some months on account of influenza and quarantine for influenza.

Social workers referred 89 cases, physicians 75, parents 69, school officials 36, hospitals 24, courts 17, etc.

Cases were sent from 63 different towns and cities, a majority of the cases living within thirty miles of the school. Thirteen states other than Massachusetts sent one or more patients. Four came from Canada, and one each from China and the Canal Zone.

The cases came from various social levels, and on the whole represented a much higher social and economic status than do the average institution inmates. The very fact that advice was sought implies superior average intelligence on the part of the parents.

The chronological ages of the patients were as follows:

Under 1 year.	1
1-2 years.	14
3-4 years.	29
5-9 years.	83
10-14 years.	105

15-19 years.	65
20-24 years.	23
25 years and over.	19
Age not stated (letter or telephone cases)	38

The largest number was at the 10-14 year period.

These cases come to the clinic because they present problems of some sort. The people who bring them want not only a diagnosis, but a prognosis and explicit advice as to treatment and management, often for many years in the future. We have found that worth-while advice must be based upon the most complete knowledge and understanding of the patient—his bodily constitution and make-up, his heredity, environment, clinical and developmental history, school record, pedagogical measurements, capacity for family and social adaptation, the presence or absence of innate or acquired character or personality complexes, and the results of a thorough psychometric examination.

In practice, it has been found that the significant phenomena of juvenile and adolescent problems may be assembled in certain consistent groups. The following ten "Fields of Inquiry" furnish a working basis for individual case study:

1. Physical examination
2. Family history
3. Personal and developmental history
4. School progress
5. Examination in school work
6. Practical knowledge and general information
7. Social history
8. Economic history
9. Moral history.
10. Psychological examination

A special syllabus for each field of inquiry has been developed, each on a separate sheet.

A satisfactory examination of a given case requires from one to four hours. The examination is a matter of highly specialized teamwork. The psychiatrist makes the physical examination and measurements and develops and records the clinical and developmental history. A teacher verifies grades reached in school and definitely measures and records present scholastic capacity and general knowledge. A trained social worker investigates the economic history, the social history

and evidences of character defect, and immoral or criminal record. The psychologist gives a thorough psychological examination. A nurse is always present. The patient is passed from each examiner to the next one in turn. Each examiner fully records the findings on the appropriate single-page record sheets. A secretary condenses the significant facts on a separate "Synopsis of Findings" sheet, classified under the ten separate zones or fields of inquiry; which, with the detailed record sheets, accompanies the patient to the chief of the clinic.

The patient is then independently examined by the chief of the clinic, before he has read the history as gleaned or the story of the patient's friends has been heard, and the result of his examination is compared with the previously recorded findings. In a long day's work, this procedure is much more stimulating and interesting than to examine a patient whose history already has been read or heard. It also inhibits the natural tendency to be unduly influenced by the findings and impressions of trusted associates—a wise precaution for a properly suggestible clinician! Incidentally, it evolves a variation of clinical technique which minimizes the disadvantages of any more or less routine diagnostic syllabus.

The synopsis sheet is then evaluated, field by field, a minus (—) sign put opposite the fields presenting evidences of defect or disease, and a plus (+) sign opposite the fields with no such evidence.

The case is then ready for diagnosis. Each case is afterwards carefully reviewed in detail by the entire staff.

The diagnostic significance of the findings in the ten fields of inquiry has been described in previous papers by the writer. If the case is one of uncomplicated mental defect, a majority or all of the fields will have a *minus* sign. A preponderance of fields with *plus* signs usually means something other than straight mental defect.

The findings in the different fields have an enormous significance, not only as to diagnosis, but as to prognosis, treatment, training, and future life history. A mere diagnosis of mental defect, or statement of mental age or intelligence quotient, is not a basis for intelligent prognosis or efficient treatment and education.

The diagnoses in the 377 cases for 1919 were too individual and complex to be satisfactorily shown in a statistical tabulation, but the following primary groupings show the wide range of patients coming to such a clinic:

Feebleminded	93
Feebleminded and delinquent	101
Feebleminded and insane	6
Feebleminded and beginning psychosis	3
Feebleminded and epileptic	2
Feebleminded and probably epileptic	2
Feebleminded and hysterical episodes	4
Feebleminded and syphilis	4
Feebleminded and cretinoid	2
Feebleminded and other dominant endocrine symptoms	4
	— 221
Inferior normal, maladjusted or with character defect	14
Normally minded, maladjusted	19
Normally minded, delinquent	9
Normally minded, dullness, caused by adenoids	4
Normally minded, spastic	1
Normally minded, deaf mute	1
	— 48
Superior normal, maladjusted	2
Superior normal, developing psychosis	1
	— 3
Psychotic	20
Developing psychosis	8
Psychopathic	6
Developing psychosis and delinquent	1
Epileptic	7
Probably epileptic	1
Psychoneurosis	2
Neurosis	2
Constitutionally inferior, maladjusted	6
Constitutionally inferior, with hysterical episodes	1
Diagnosis deferred, for further study	19
Diagnosis deferred, child too young	7
Diagnosis deferred, child refused to be examined	1
Diagnosis deferred, letter or telephone message gave insufficient data	24
	— 105
	— 377

In many or all of these cases, a merely psychiatric or psychologic diagnosis was not sufficient. The individual diag-

nosis, to be pragmatic, must take into account the bodily condition, heredity, home conditions and the whole environment, learning capacity, mental symptoms, social adaptability, economic status and earning capacity, character and personality traits, intelligence level, and other psychological ratings. The mere name of a disease does not get us very far. This is as true of the feeble-minded cases as of the frank psychoses and the various other phases of maladjustment.

The advice given is infinitely varied and often of many dimensions, in accordance with the diagnostic findings, viz: institution care; home care; special class; private school; private teacher; change of school; change of teacher; let up school pressure; take out of school and send to work; change of work; treat as delinquent; special medical or surgical treatment; country life; travel; vocational training; add new interests and recreation; place in selected family; modify home environment; etc.

In nearly every case the fact is stressed that the patient is capable of only partial efficiency in any field, perhaps 40 or 60 or 80 per cent of the average, and that more must not be demanded, that he will often need to be put on his feet, but that he will eventually find a level where he can live comfortably and happily.

The majority of these problems do much better than we expect them to do.

With the feeble-minded cases, if the home is a good one and the patient suitable for home care, the parents are carefully instructed as to training and management, given helpful literature, and are asked to return the child once or twice a year for further advice, if necessary.

Some of the parents make several or many visits to observe training and nursery methods and obtain further help. Others write many letters for this purpose. The prospects for successful supervised home training of many cases of feeble-mindedness is not generally understood. Many parents will never send their mentally defective children to an institution. For years to come, the great majority of such children will receive all their training and care at home. Each patient cared for at home means a saving of \$300.00 per year for maintenance and \$1000.00 or more for institution construction.

One hundred and one feeble-minded cases apparently needed institution treatment for medical and personal care, because of bad habits, vicious tendencies, or home insufficiency. As many of these as possible were admitted to the institution—the helpless, those from overburdened homes, those with pronounced character defect, those from highly potential hereditary stock, those with sex promiscuity, and as many as possible of the young morons who would not receive proper training at home. This clearing-house opportunity of the clinic is full of possibilities.

Many of the group apparently needing the institution care were also quite amenable to change of environmental conditions, such as the letting up of useless school pressure, relief from too exacting home conditions, too little occupation, too little recreation, bad associates, etc. Far too much has been expected and demanded of these inefficient people. A clear demonstration of the patient's limitations and his tendencies often enabled the guardian to manage him well at home.

We have been advising the friends of some of these cases for many years. Some return annually for advice and some only when the patient again gets into trouble.

It is a striking fact that of the thousands of cases diagnosed as feeble-minded at this clinic since 1891, the majority have not subsequently applied for admission and are not known to have seriously misbehaved.

A well-marked-out plan of after-care, with regular visitations, would be very welcome to the parents and would be of great value. As it is now, we are advising more patients under home care than are being cared for in the institution itself.

Advice was sought in seven cases as to the advisability of adoption; in four cases it was advised and in three disapproved. In two cases the advisability of marriage was in question; in one case it was approved and in the other advised against.

As to the inferior normals, almost without exception we were able to make them happier and better off by easing up the standards of achievement in school, in social life, or at work that ambitious guardians had expected them to live up to. Too much had been expected of them also. One boy of

nine, with an eight-year mind, was most incorrigible in the fourth grade in school, but when dropped back to the third grade, his badness disappeared and he became happy and contented.

The maladjusted normals, it was often found, were bored by their studies in school, or were nagged by neurotic parents or otherwise misunderstood at home, were at work at uncongenial tasks, or did not have the necessary variety of interests and recreations.

Several children, most incorrigible under home conditions created by parents with no understanding of the primary needs of childhood, promptly began to behave properly and normally when taken from home and placed in a selected family with wise management. In a surprising number of instances the real difficulty was not with the child, but with the parent or parents.

Two "superior normal" boys, in court for repeated truancy and theft, became at once obedient and "biddable" when they were given interesting school work appealing to their superior intelligence and given an outlet for their craving for adventure by a summer in a boys' camp and free access to properly exciting boys' story books.

Many of the juvenile delinquents seemed to be merely expressing their dissatisfaction with the limited opportunities afforded by city life for the normal self-expression of boy and girl interests. Here we tried to replace the previous plan of taboo and repression by constructive substitution of attractive and interesting play and occupation, often with prompt and happy results.

One girl of fourteen, fully matured physically, with a normal mind, and with an over-puritanical mother, was not allowed to play with other girls of her age or to read any books or have any recreation whatever. She became truant and sought sex expression as the only possible adventure within her reach. A prescription of pretty dresses, girl friends, daily browsing in the public library under wise guidance, books and papers at home, etc. afforded normal expression for the intellectual and emotional interests of this "little woman who had been treated like a child," and her misconduct at once disappeared.

Very rarely is the reformatory recommended for a juvenile delinquent with a good home.

Dementia praecox is the form of psychosis usually found in these adolescents. In most cases the nature of the disease had not even been suspected, and the patient had been treated with severity and harmful discipline. A change of environment, a variety of new and simple interests, and a sympathetic understanding of the patient, sometimes brought about a temporary comfortable adjustment. Several of the dementia-praecox cases voluntarily returned several times, saying that they "felt better after talking things over." Of course the majority of the psychotic cases were referred to the state hospitals for proper treatment.

The pre-psychotic and probable pre-psychotic cases are of great interest. They are seldom seriously regarded by the family physician. They are not usually seen by the psychiatrist at this stage. They have generally shown suggestive changes in their ways of thinking and feeling and behaving. We do not yet know the danger signals of the school period as portents of future mental disease. All of our youthful pre-psychotic cases were culled out of school by some discerning teacher or parent for some failure of adaptation, and not as mental cases. None of them were referred by physicians.

A majority of the cases seen here were of public-school age. A study of the mental or personality problems appearing in any high school or college for a decade would yield rich material in this field of preventive medicine. This could only be done by a special public-school clinic, so informal and sympathetic and helpful and human as to invite and encourage boys and girls to talk over frankly their problems of adjustment and adaptation—problems really as old as the human race, but to the boy or girl terrifically new and appalling.

This school clinic should make available for our children in the public schools at the time they need it most the knowledge and experience of skilled and seasoned psychiatrists, neurologists, and psychologists. The clinic should have no connotation of the diagnosis of actual mental disease or defect. Cases of developed mental defect or insanity should be diagnosed and handled under different conditions.

EXTENDING THE FIELD OF CONSCIOUS CONTROL*

WILLIAM A. WHITE, M.D.

Superintendent, St. Elizabeths Hospital, Washington, D. C.

BARBELLION in his journal said: "There are people who have seen most things, but have never seen themselves walking across the stage of life. If some one shows them glimpses of themselves, they will not recognize the likeness." This is not only true of "people who have seen most things," but is equally true of the much larger proportion of people with a more limited range of vision. No matter how broad and deep our knowledge may be, it may not and usually does not include, in any true sense, a comprehensive understanding of our own intimate selves. That we all have an intimate self is a commonplace, but like so many commonplaces—time and space, the twinkling of a star—does not bear examination; at the first question, almost, recourse must be had to evasions and subterfuges, for the fact is we are not really acquainted with it. It is only since the rise of the new psychology—a very few years—that we have come to any orderly understanding of this inner self of ours and have learned how to question it and discover its characteristics. This knowledge grew, in the first instance, out of the necessities of the consultation room, as the old methods were found increasingly less satisfactory for estimating the patient's condition by what he was pleased to volunteer regarding it, by accepting his explanation of his nervousness, sleeplessness, lack of interest, and then prescribing more or less at his dictation—rest, a trip abroad, perhaps an operation. It took a long time to discover the obvious in this department of medicine and to learn that the patient's symptoms had a meaning that could be discovered by effort aimed in the right direction. When this was found out, it also appeared that the treatment—the trip abroad, for example, which had been slyly suggested by the patient and gratefully caught up by the physician as an easy way out of

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a difficult situation—was desired by the patient, and the doctor had been used only as a convenience, and because of his authority, to obtain it. The nervousness, the sleeplessness, the lack of energy, and all the rest of it could now be seen to be the natural results of an intolerable home situation, for example, and the trip abroad a pleasant means of escape and perhaps in addition a means of punishing a recalcitrant member of the family. In all of this complex medley, the patient may be serenely unconscious of what it is all about, and is being used by unconscious instinctive tendencies and, besides, is victimizing all about, family and physician as well. With this type of conduct we are all quite familiar. Just so soon, however, as we come to examine conduct broadly with the object of determining its meaning—when we come to inquire why people behave in this or that way, what object they have, what return they get from what appear to be inconveniences or even illnesses—then we begin to realize how widespread are these types of behavior reactions which are produced in response to instinctive demands that remain unconscious, unknown to the individual.

It seems obvious, when the problem is stated in this way, that the only possible way to remedy such a state of affairs is to bring the motive of the individual into the field of consciousness as a preliminary step at least to changing the behavior. Whether improvement can or cannot be wrought in conduct, it must come about, if at all, by first enlarging the field of consciousness to include the tendencies back of the conduct in question, and then control and a redirecting of energies may be effected if possible. So long as the motives for conduct lie wholly without the field of consciousness, so long is the individual their creature instead of their master. This, in brief, is what is meant by extending the field of conscious control; it is the principle at the basis of the psychoanalytic approach to the psychotherapeutic problem, and its validity is witnessed to by numerous successes in this field as well as by the facts of development. I mention only in passing the gradually increasing control of the functions represented at the thalamic level by the cortex in the evolution of the cerebrum, the efforts made by education to the same end in the development of the individual, and the various political gestures calculated to render the voice of the people audible; no

example could be more striking than the present effort throughout the world to make the forces let loose by the war available for the ends of peace, and I think you will agree with me that the principal difficulty in doing this arises from our lack of knowledge of the real nature and extent of these forces.

Just a few illustrations of the way things may go wrong because of the unconsciousness of the motives actuating conduct. A teacher, for example, in starting with a new class, is convinced that one of her pupils is stupid and vicious. The reason for this opinion is traced to his resemblance to a former pupil who was in fact vicious and stupid, but the associations have dropped away from consciousness and only the prejudice is left. It is obviously important that the teacher's field of consciousness should be enlarged to include these lost associations if the pupil is to get fair treatment and attention commensurate with his real qualifications.

A most common way in which unconscious tendencies lead astray is by the projection of a wish. An associate is perhaps rather a dangerous business or professional rival. It would go a long way towards clipping his wings if it were generally known that he was dishonest. Such a suggestion creates the wish that he were dishonest; the wish is believed in because, if true, his dishonesty would react favorably; and as a result the conduct is in accord with the belief, and actions and statements begin to cast suspicion upon his honesty. This is in part the subtle psychology of rumor and is a mechanism we have seen used over and over again in recent months by the nations at war in working up their hostile feelings toward erstwhile friends, but present enemies. This was the sort of psychology or mental mechanism that was so universally prevalent in the Middle Ages and that made anything like a scientific approach to the facts of reality impossible because of the warping effect of an all-enveloping egocentricity which viewed the universe with man as its center and all else created to minister to his needs. Things were seen as they were wished to be, not as they were. "Eyes and ears are bad witnesses to men who have not an understanding heart."

The conquering of our environment is made possible only by an increase in our knowledge of that environment, which is, speaking in general, accomplished by a process of becom-

ing conscious of the things that constitute the environment and of the laws that govern them. But this is a different aspect of the enlarging of the field of conscious control from that with which mental hygiene concerns itself. Great advances in our knowledge are made possible, among other ways, by the perfecting of the instruments with which we examine the environment. In the course of evolution the perfecting of the sense organs has brought the higher animals into contact with aspects of the environment unknown to lower forms, while in the realm of science the perfecting of instruments for enlarging our perceptions has been a notable factor in bringing a constantly wider aspect of the environment within the realm of our perceptions. The perfection of the microscope, the telescope, and the spectroscope are instances in point, and this perfection of the instruments for increasing the field of our perception has, among other things, been along the line of correcting imperfections which produced erroneous results. The process of the elimination of defects has taken place at once in the realm of organic evolution—for example, the correction of the defect in vision produced by the blind spot of the retina—and in the fabricated instruments for enlarging our perception—as, for instance, the correction of errors of chromatic aberration in the microscope. Now the human mind may profitably be considered as an instrument for contacting with the environment, and it is equally important to look to its sources of possible error with a view to correcting them. This was early appreciated by the astronomers, who found that a series of observations of the same phenomenon were not all alike. The human machine did not function with absolute accuracy, so that an allowance had to be made for personal errors in correcting the observation—the so-called personal equation.

The new psychology has discovered the same sort of thing with reference to man's conduct, his beliefs, activities, observations, and his estimates of his fellows—in fact, his whole field of relations to his personal and social environment. An individual's reaction in any particular situation is determined not alone by the factors of the situation itself, but by the sum total of his previous experience which relates him to it and of most of which he is quite unconscious. In other words, we approach every situation with a certain personal bias—

a prejudice, if you will—based upon what the particular nature of our previous experiences may have been. For example, we subscribe to certain religious, political, social doctrines, choose our profession, our recreation, our friends, elaborate our theories of living, our philosophies, almost altogether because of tendencies that lie back of consciousness and of which we are only vaguely, if at all, aware. In other words, we approach all our problems of living with a bias, a prejudice, born of the unconscious, and our lives express, among other things, our reactions to these unconscious urgings. It is a matter of common knowledge that often our tendencies are at variance with our own as well as others' interests, but never before has there been an adequate appreciation of the nature of the problem of bringing these tendencies under control and direction, much less a technique for doing so. This is precisely what the new psychology essays, and because of the tremendous importance to mankind of the problem it attacks, its suggested solutions must receive an adequate hearing.

Mental hygiene, therefore, has to do with a refinement of this instrument of ours, the mind, so that it will work better in its function of relating us to our environment. To that end it is essential to know it through and through for what it really is, so to speak, rather than to take it at its face value. Just because a man says so and so, even though the man be, as a matter of fact, truthful, is no reason why we should accept his statement. A man tells us that he really does not care for alcohol, that he takes it only as a matter of sociability, and he may think he is telling the truth, but we watch him year after year becoming a confirmed alcoholic and we know that it was not so. In truth "actions speak louder than words."

Such a man, however, may easily have fooled us into an acceptance of his statement, but more important still is the fact that he succeeded also in fooling himself. For, after all, the essence of mental hygiene is self-knowledge, for we must first be honest with ourselves if we are to succeed with others. "To thine own self be true. . . . Thou canst not then be false to any man."

Our instincts are bound to get expression in some way, sooner or later, and if we are not capable of understanding their promptings, then they gain expression by some devious

pathway and parade as something that they are not. An instinctively cruel person might be attracted to work requiring animal experimentation or, on the other hand, might succeed quite as well in satisfying his instinct by occupying his mind in imagining all sorts of fearful horrors associated with such experimentation and become a rabid antivivisectionist. In both cases he is more apt that not to do great harm because he does not approach the problem with a balanced mind, but is more intent upon the emotional satisfactions he will derive from the contemplation of suffering than upon the furtherance of certain researches in the first instance or the doing away with suffering in the second. If we would lead well-rounded lives, we must be able to bring all of ourselves to the problems we have to deal with and not have our efforts damped by a divided allegiance. That we may do this we must know ourselves, and knowing ourselves means an ever-increasing field of ourselves over which we may extend conscious control.

As physicians we must no longer be content to leave the personality out of the scheme of our attempts to understand illness, for if our theories of the nature of the human psyche are correct, then the mind is the central station, the clearing house for all the activities of the body, and so every physical symptom must have its reverberation in the mind of the patient, and many of them cannot be adequately understood unless we take into account the psychic factors involved. This means that we must no longer be content to take the patient's account of his symptoms as final, any more than we accept a cough as final and neglect to examine the various organs—lungs, heart, larynx—for its explanation.

When it is once generally recognized that mental reactions are as definitely determined and as reasonable as physical and physiological reactions, there will be a decided step forward in the enlargement of the field of conscious control.

We need not concern ourselves seriously about the environment. An increased knowledge of it and its laws and the bringing of it more and more under control is the prominent fact of our civilization. During all this period of what has been called the evolution of our environment, man has himself evolved, and that evolution has been, among other things, the result of an ever-increasing extension of his field of conscious control as I am using that term in this discussion, or, speak-

ing in more usual terms, an increase in the capacity to bring the instincts under the domination of the intelligence. This is of course the evolution I am talking about, but in the past it has been accomplished unconsciously and only incidentally, as it were, in the attempt to attain other ends. In order, for example, to attain to a position of eminence and power in the community, one had to forswear acts of violence and injustice. The instincts had to be restrained, but that restraint was not an end in itself, but only incidental to an entirely different conscious purpose. But now the program of mental hygiene means the conscious pursuit of that which has heretofore been only an incidental goal, the intelligent attack upon the problem of how to bring the instincts into the best service to the individual—how to run them and so ourselves instead of being run by them. This awakening consciousness of man of himself is a new instrument of civilization, a new tool, if you will, which man from now on will use to fashion his destiny or until at some time in the future another shall come to take its place.

Think for a moment what it would mean if the principles of self-knowledge were once generally known, if each man's little dexterities calculated to deceive were capable of instant interpretation by his fellows. Suppose, for example, the chronic grouch who is always finding fault with everything and everybody should realize that he is only advertising his own incompetence, and suppose all his fellows realized this. See what a difference it would make to the man himself—how he would restrain his complaints and have the energy he would otherwise dissipate available for use on the job. This would increase his efficiency, make him more successful and so happy, and thus end the occasion for the grouch. At the same time his employer would not have to waste a lot of time trying to verify his stories of how the other workmen used him badly, but would know at once where the fault lay and could at once proceed to bring to bear his influence in correcting it without having wasted much energy on the way and without having obtained a lot of erroneous opinions about his other employees. The whole process, without elaborating further, can be seen to make for efficiency by a better understanding of the conditions as they really are, and consequently for a greater capacity to meet them effectively. With this

new understanding many problems that exist for us to-day will cease to be because the misunderstandings that have brought them into existence will be swept away. For example, subtle distinctions between simulation, malingering, and hysteria can have little practical significance when we realize that their only difference lies in the degree of conscious purpose with which the patient utilizes his symptom, and that the problem is not whether we may find justification for condemning, hating, and punishing the offender, but whether we can deal with the situation so as to improve it. By projecting our own antipathic tendencies into the situation, we blind ourselves to an all-round vision of the possibilities, and fail in consequence to get the best solution.

I cannot refrain from making reference, at this point, to another series of problems that will receive a most important illumination by this approach to the problem of illness. I refer to certain physical ailments which at present are most baffling to our understanding. I do not here refer to various functional disorders of sensation and motion, the anaesthesias and paralyses that have been recognized for so long as of hysterical and therefore psychogenic origin. This group includes a host of symptoms in every department of medical specialism, such as paraplegias, tremors, spasms, aphonias, amblyopias, deafness, the so-called false gastropathies and cardiopathies, all sorts of neuralgialike reactions, emotional tantrums, in fact almost all conceivable types of symptoms with which every practitioner is more or less familiar. I refer rather to various conditions that come more nearly within the conception of organic disorders, but that may well at first be purely functional. If we view the human machine as a whole, we must realize that its several parts must serve the ends which it as a whole is endeavoring to accomplish. If, therefore, the individual approaches the problem of his life with a divided interest, he must of necessity be constantly utilizing his energies for different, often mutually opposed, ends. The result will be that the machine will be set for certain types of reaction which are not permitted to come to pass. These motor sets of the organism will produce tensions of the musculature, voluntary and visceral, as well as psychological tensions which, when long-continued or severe in character, tend to break down the machine. An example of

the acute type of this sort of reaction would be the development of gastric ulcer in soldiers of the front line kept for a relatively long time under the tension of extreme anxiety awaiting an expected attack. An example of the more chronic type would be a chronic glycosuria from the constant inadequately reacted to emotion of fear. Many other examples suggest themselves, but I would only indicate the possibility that we may find by this method of approach better explanations of such well known problems as are presented by the many chronic illnesses which affect the overworked, overworried, harassed man of affairs. Energy that is used in the service of repression, to use the psychoanalytic terminology, shows itself in the friction with which the machine works and the consequent wear and tear of its several parts.

The reason why I am so sanguine for the future of this new movement is because the facts that have been worked out regarding man's psychic structure involve him in his profoundest parts and point clearly to the direction in which we must look for improving his personal and social relations, for a constructive attack upon the problem of education, and for the illumination of innumerable social and therapeutic problems. And the place where a beginning has been made and from which an influence will continue to spread is the consultation room, where the physician undertakes as careful an inquiry into the personality make-up as into the bodily structure. And the way to begin to accomplish something in this direction is not to wait until one has acquired a profound knowledge of psychology, but simply to approach the problems free from prejudice and with the conviction that psychological manifestations are facts that are as susceptible of explanation as are physical states. Then when the new way is known, it will show how education may become a process of unfolding rather than repressing and will teach us where to look for our defects in character. Man has always been inclined to project all his interest outside himself, and this new viewpoint will teach him not only where he may expect to find the origin of the trouble, when trouble there is, but also the method of unearthing it—and so bids fair to become at least as important a means for progress as, for instance, the invention of the cotton gin.

Evolution does not alone take place by a gradual, slow, uniform progress in some given direction, but by mutations, by saltatory advances, by the sudden creation of something new, something different. These sudden departures from the average are the real creative moments of evolution. They stand for a new method, supply a new instrument for dealing with reality, and from them as starting points evolution proceeds rapidly until the possibilities of the new instrument have been pretty well exhausted; then evolution slows down, perhaps comes almost to a standstill, until nature gives birth again. Such new instruments, which have made the present estate of man possible, are the prehensile hand, language, self-consciousness. I look upon the new psychology that teaches that we must turn our vision within—that consciously attempts to correct the error there rather than always see it without—as a new method, a new instrument with which to attack the problem of living. It matters not that we have always been moving in this direction; the great new fact is that we are now beginning, for the first time, to do so consciously. The possibilities are endless, and particularly at this wonderful time in the history of culture, when civilization has been tried to its utmost, is it important that the structure which shall be erected from the primitive forces that have been loosed shall be a better one than has ever before been builded. To do this we need to be able to brush away the distortions wrought by our unconscious, to see through them all down to the very depths, to see the real problems and not waste our energies in tackling false substitutes. A realization of the mechanisms by which such distortions are produced, by which the mental machine may fall into error, will help us enormously to see clearly, will extend our field of conscious control. This is the true self-consciousness. "Open covenants openly arrived at" is quite as good medicine for the individual as for the state.

THE MENTAL HYGIENE OF INDUSTRY

REPORT OF PROGRESS ON WORK UNDERTAKEN UNDER THE
ENGINEERING FOUNDATION OF NEW YORK *

MARY C. JARRETT

Associate Director, Smith College Training School for Social Work

A MOVEMENT for a mental hygiene of industry is taking shape and making progress. A year ago one could hardly make this statement with confidence. The idea of improving the mental condition of industrial workers through medical science was thought to be hopelessly vague. Neither the practical industrialist nor the theoretical psychiatrist was expected to concede that it would be possible in big industrial systems to give attention to the mental health of employees, or to be persuaded that practical plans for meeting industrial unrest must be built up from the bottom—that is, upon the individual worker. A few years ago the most that could be said was that there were widespread signs that the subject was beginning to receive attention, and now and then an emphatic call to meet the problem. At the present time, the literature of industrial management is full of the need for scientific methods of dealing with minds as well as materials.

As in all new movements, many influences of independent origin have gone into the making of this trend now called by the new name mental hygiene of industry. Sociologists, psychologists, industrial managers, and physicians, out of their different experiences, have been led to consider the possibilities of more exact methods of using and developing mental power in production. A very striking patchwork paper could be made of quotations from the literature of industry referring to the primary importance of understanding mental factors. "The price of maximum production is maximum

* A report of work done in collaboration with the late Dr. E. E. Southard, Director, Massachusetts State Psychiatric Institute, Boston. Read before the Mental Hygiene Division of the National Conference of Social Work, New Orleans, April 17, 1920.

personality for every human producer" is the conclusion of one experienced director of personnel. The Chief of the Division of Labor Administration, Working Conditions Service of the Department of Labor, a year ago said that "the problem of managing human beings in industry means handling the human element that goes into production with the same understanding of the feelings, instincts, prejudices, and characteristics of the workers as the management has of the materials and mechanical forces which it uses." No better evidence that the movement is under way could be cited than the fact that investigations on the subject are being conducted by the Engineering Foundation, of New York, and the joint research organization of the American societies of civil, mining, mechanical, and electrical engineers.

Knowledge concerning mental hygiene has been gained largely through the study of mental diseases. It is the psychiatrist, the specialist in mental diseases, who knows most about the causes and results of temperamental peculiarities and personality defects, of how to develop healthful habits of thought and to control unwholesome ways of thinking. As in other fields of knowledge, particularly education and physiology, the study of the abnormal has thrown the greatest amount of light upon normal or average conditions. Human nature is most readily studied in the beginning through its most conspicuous examples. What happens in the minds of mentally diseased persons is what happens in some degree, in one way or another, in the minds of all of us, just as the bodily changes of sickness are repeated in some measure or form in well persons.

The mental hygiene of industry is concerned not only with the prevention of mental disease, but with the mental health and vigor of all employees. The number of workers with actual mental disease will be small, probably only a few cases in a year in a plant employing several thousand. To be sure, the harm that may be done in any organization by these cases is out of proportion to the size of the group; but the time required to deal with this group intelligently, if they are properly understood through medical advice, is relatively very little. The next group for the mental hygienist to con-

sider are the individuals who are ordinarily called "difficult," "peculiar," "cranky," "touchy," "irritable," "moody," "ugly," "disagreeable."

About 50 per cent of the clients of social agencies, according to our estimates, are in one or the other of these two groups—that is, have either a mental disease or some mental or nervous peculiarity that must be reckoned with. Among our own acquaintances, we should probably find that 50 per cent have personal peculiarities that must be taken into consideration in dealing with them. The other 50 per cent will go on their way without showing any very evident effects of the treatment they receive. They will make good in spite of all obstacles. But this third group of energetic, healthy-minded persons have also need of mental hygiene in preserving and increasing their mental vigor. We are all of us continually trying, consciously or unconsciously, to develop our mental powers, to find for ourselves principles of mental hygiene. In industry, mental hygiene would apply to (1) a small, but potentially important group of mentally diseased employees; (2) a large group of individuals, possibly nearly half of the working force, whose mental character is such as to require special consideration; (3) the largest group of workers, possibly a little over half, who have no appreciable mental difficulties and whose problem is chiefly to develop their mental ability.

The practical situation divides into three propositions which present themselves in the form of questions: (1) Does industrial organization call for attention to individual mental characteristics? (2) Can the mental sciences give practical help in dealing with minds in everyday action? (3) Is it feasible to use mental science in industrial organization? There would be few found to-day who would answer the first question in the negative. The second has been answered affirmatively in innumerable instances and places, and the answer can readily be found by any one who will take time to gather the evidence. Psychiatry and psychology have already advanced far enough to make contributions to mental hygiene and are of great practical value. Propositions one and two may be said to be proved. The time has come to work upon

proposition number three. Face to face with the practical application of mental hygiene in the complex field of industry, a bewildering and tremendous prospect confronts us—a new world to be settled. A great many experiments under different conditions will be required before authoritative statements can be made. The industrialist who looks for proof that he can improve his organization through mental hygiene, before attempting it will have to wait a good many years; but the indications are strong that the industry that is fortunate enough to secure the personnel for trying the experiment forthwith will gain immediate benefits.

The inquiry into this subject undertaken by Dr. Southard for the Engineering Foundation was the outcome of some work begun at the Psychopathic Hospital in Boston in 1914. When I went there to develop the social service in 1913, I found at once that many of our patients who were started on an industrial decline were competent and even excellent workmen, and that with a little assistance in adapting themselves to their employment and an explanation of their condition to their employers, they could be refitted into industry. This led to the idea that similar methods of understanding and assistance might keep other employees from falling into the condition of hospital patients, and further to the thought that mental hygiene, necessary for the psychopathic employee, would also be beneficial to all persons in employment, to the end of promoting their efficiency and personal satisfaction. A committee was formed to carry on a special investigation of the subject, on which psychiatry was represented by Dr. Herman Adler and industry by Mr. Robert Valentine. A special social worker for psychopathic employees was engaged, and men patients between the ages of twenty-five and fifty-five were selected for the study. This case work has been carried on, with temporary interruptions, up to the present time, and 105 patients have been assisted and studied; 74 were adjusted industrially. Of the rest, 1 patient died, 7 were committed to hospitals, and 1 was temporarily sick in hospital; which leaves 22 in the community who failed to become self-sustaining. Of the 74 men who made a successful adjustment, 6 did rather poorly, but managed to get along, 21 did only fairly well, and 47 did very well in employment.

In addition to the cases assisted, industrial histories over a period of five years have been secured for 250 cases. A report of these cases will be published later. The continuance of the work was made possible by contributions from the Committee of the Permanent Charity Fund, Incorporated, Boston Safe Deposit and Trust Company, Trustee, which still continues to contribute to the present inquiry, conducted this year under the Engineering Foundation.

In June, 1919, Dr. Southard undertook for the foundation an investigation of possibilities in industrial psychiatry, to which he gave the more inclusive name mental hygiene of industry, covering the contributions of psychiatry, psychology, and psychiatric social work. He had expected that the inquiry would take shape in a handbook presenting the subject from various points of view. Before his death in February of this year, he had written three papers, addressed in turn to the employment manager, the psychiatrist, and the mental hygienist. Three other papers were in preparation.

In beginning the inquiry, it seemed desirable to review the literature of industrial personnel work and to learn by personal interviews the attitude of workers in that field. A bibliography of 1,600 titles dealing with the human element in industry has been collected and may be published.

Twenty-five centers of industrial work in thirteen cities were visited and about fifty persons interviewed—personnel workers, industrial physicians, and managers. We had expected that the next step would be to survey certain plants, to demonstrate the extent to which psychopathic conditions affect employment, led by our Psychopathic Hospital studies to believe that it could be considerable. We found such a lively appreciation of this among the experienced industrialists interviewed that a survey for the purpose of collecting information on this point appeared to be unnecessary and, instead, surveys seemed to be needed for the purpose of making practical applications of our present knowledge in given plants. For this purpose Dr. Southard developed the idea of a mental-hygiene working party. "Such a working party would be of value in almost all other fields of mental hygiene—for example, in the survey of a state or district, an occupation group, a racial group, or any other special group of per-

sons whose mental hygiene demands attention. Parenthetically, I am sure you will all agree that there is hardly any group of persons in the world that would not benefit from mental-hygienic analyses made upon the triple lines herein indicated. Thus a working party, composed of psychiatrist, psychologist, and social worker, can already be found in advanced juvenile courts, and even in certain courts for adult cases, and would undoubtedly be of the utmost service in all domestic-relations courts. Again, in schools and in various institutions for the care of children, this combined insight would penetrate many a dark corner. But industry seems to me to be the nearest problem to-day to the hand of mental hygiene. One is impressed with the readiness of industry for such working parties in mental hygiene."

There was no lack of evidence on my visits to industrial plants that psychopathic employees were a recognized problem. Usually the cases cited were among the best workmen, and the problem was how to keep them at work. It will be of interest to list some of the instances that were told to me, and also some of the opinions expressed. The following cases are selected for mention:

1. Man who thought he could not do his job and was found to be worrying about the headaches of his wife, also an employee. When given assurance that his wife would be transferred to a position more favorable to her health, he made good.
2. Girl who would get "fussed" over her work and finally have a hysterical fit; the doctor found she had a sex obsession. She was a good worker. She is now considered one of the best workers and one of the nicest girls in the plant.
3. Girl who could concentrate only until an early hour of the afternoon. Every few weeks she would get wild and leave her work, saying that she could not stand it another moment. Her problem was solved by putting her on two different jobs and changing her work every day at noon.
4. Man who feels "bum" all the time and is one of the best workers.
5. Foreman who asked to have his wife visited. His wife, he said, was "nervous." It was found that the man himself was nervous, that his wife thought he had changed very much in the last few years. She said that he cried in his sleep and that he complained of the conditions of his work, although he was absorbingly interested in it. He is a strong, healthy-looking man. He was very suspicious of direction and would not accept an assistant foreman. The failure to break in an assistant would mean loss to the company if this man should become incapacitated.

6. Girl with hysteria, cause of which was found to be the serious illness of an intimate girl friend.
7. Case of traumatic neurosis in which permanent paralysis resulted after a useless operation upon the hand.
8. Man with back curved after a slight accident from which no physical injury remains.
9. Man who occasionally stops work to sing and preach, suddenly stops, and with a laugh goes back to work.
10. Young man several years in army service who was mute after a shell explosion for a month; now shows hesitation in speech and is slow in manner. Although he has made good at machine work, he feels shaky. He thinks he feels worse and wants to be transferred to office work.
11. Man who had "shell shock" in the army who seems peculiar and does not do satisfactory work.
12. Superintendent who has no use for women. Carries this to such an extent that women employees cannot consult him.
13. Stenographer who is a fairly competent worker, but seems dull and makes mistake. Employment manager feels that there is something wrong with her.
14. Man laid off in slack season after fifteen years of employment; has such an unfavorable reputation that it will be hard for him to find another job. Talks continually, is suspicious, thinks everybody is against him, and has given some reason to question his honesty.
15. Over-busy girl who is a fine worker. When allowance for her peculiarities was made, she proved to be very useful.
16. Man who prided himself upon expert knowledge by which he could revolutionize the industry. He wrote various letters denouncing all who opposed him. Once he was the leader of a small group of workmen.
17. Very capable "normal" girl who made unusual mistakes in her typewriting for several days and then had an attack of hysteria. After a few days at home she seemed all right.
18. Foreman, a highstrung man, in whose department all the employees seem tense and irritable.
19. Man who ran up and down the shop with a bucket of molten metal. He was committed to a hospital for mental diseases.
20. Morose, surly Italian discharged for drawing a razor upon a fellow employee. This man had a record of having been employed by the same firm seven times within three years. The reasons for leaving were as follows: refused to do work; did not show up; not satisfied; dissatisfied; left without notice; dissatisfied with earnings; discharged. He seems to have done about the same grade of work throughout and not to have shown mental deterioration.
21. Colored laborer who would dress up once or twice a month on Saturday in white trousers, frock coat, and silk hat and walk up and down the main street of the works. On that day he would not report for work, but otherwise was a satisfactory employee.

22. Good worker, employed for twenty years, has a belief that there is an electrical current in his body pulling him from side to side. Once in a while he comes to the superintendent to talk about his condition. Apart from this delusion, he is "quite normal." He gets along well with his mates and has not fallen off in his work.

23. Foreman who went to pieces six months after being promoted from the bench. He became excitable and was irritable when spoken to by his men and would sit and cry in the superintendent's office. After two weeks of such behavior he was sent away for several weeks and seemed all right on his return. When put back at his former work, he was quite competent.

The following are some of the opinions expressed in regard to the importance of mental factors in industrial organizations:

1. A director of personnel in a large firm says he believes that there are great possibilities in the application of psychiatry to industry. He thinks that the only way to have this point of view generally accepted is by demonstration. He desires to secure a psychiatrist to take charge of the medical department in his factory.

2. A physician in charge of a large industrial medical clinic says that they have a great many nervous and mental cases. He plans to engage a psychiatrist on part time.

3. The secretary of an employment managers' association says he believes that industry must take into account variations of temperament to attain successful management. He sees steady progress along the line of individual study of employees.

4. An employment manager, who interviews all employees who are leaving, thinks mental factors play a large part in turnover.

5. An employment manager thinks that mental causes are probably at the bottom of 90 per cent of the turnover and 50 per cent of absenteeism. The manager of the firm believes that psychiatry has a contribution to make to management.

6. An industrial physician states that he has no doubt that there is a valuable investigation to be made in industrial mental hygiene. An assistant physician in the same department says that a great many employees come repeatedly to the dispensary whose troubles are evidently nervous, but cannot be exactly diagnosed because there is no psychiatrist on their medical staff.

7. A physician in the medical department of this firm says that he believes that a number of men who come voluntarily to the dispensary and then refuse treatment are mental cases. He found a large number of nervous and mental cases, more than in other plants that he is acquainted with, and thinks that is due to the fact that he worked for a time with a psychiatrist and is more apt to recognize mental disorder than the average industrial physician.

8. A physician in charge of the medical department of one of the largest factories in the West said that his department had many cases of mental deficiency and mental disease and that he was thinking of having a psychiatrist on his staff. He said that there were many epileptics in the plant, some of whom he had seen carried into the dispensary in convulsions as many as a hundred times. It was the policy of the firm to employ them on work away from machinery. He thought there was a great deal of mental-hygiene work already being done in industry more or less unconsciously.

9. A member of the firm of a large manufacturing company said he believed that there were a large number of nervous and mental cases among his employees. The employment manager of this firm attributed 75 per cent to 90 per cent of the turnover to mental causes—that is, to the workmen's attitude. He was engaged upon a study of absenteeism from the point of view of mental causes.

10. A woman employment manager, having heard recently a talk given by a psychiatrist to employment managers, which she had immediately found practically helpful, was eager for more psychiatric information.

11. An industrial physician had been considering making provision for an estimate of the mental condition on the examination blank used in engaging employees. This physician would like a psychiatrist on his staff.

12. An employment manager said he would like to have mental-hygiene talks for his foremen, realizing that almost every one has some wrong mental processes that stand in the way of his being positively constructive.

13. The director of the industrial-relations department in an extensive industry said that employers now realize that temperament is a factor in industry, and are aware of the importance of allowing for different temperaments, but they do not yet recognize that these temperamental differences can be evaluated and dealt with successfully by medical experts. It will be necessary to demonstrate that temperamental peculiarities are due to fairly well understood mental processes.

14. A trade unionist thought that the labor leaders are beginning to realize the possibilities of a combination between science and industry. He thought that an experiment in the application of psychiatry to industry would do more than anything else to convince the labor unions that the trend in industry is already toward individualization of the employee, and that if psychiatry can contribute to that it will be doing an important service.

15. The head of an industrial-service department in a large plant had listed as part of his program for the coming year the education of department heads in mental hygiene. He said he hoped to teach them to recognize and deal intelligently with mental deficiency and with mental disorder.

Of one hundred Psychopathic Hospital cases presented in a book on psychiatric social work which Dr. Southard had almost completed, and which I shall be able to publish shortly,

forty-two cases have marked industrial interest, although the cases of this series were selected without particular reference to industry. A significant thing in these cases is the prominence of family problems affecting the worker's industrial capacity. A family adjustment may be the root of the employment difficulty. In twenty-three of the forty-two industrial cases there was a family difficulty—financial in eighteen cases, a matter of illness in wife or children in nine cases, and a situation of marital discord in nine cases. A few instances briefly described will serve as illustrations of the problem of the psychopathic employee as seen from the hospital out-patient department:

Case 1. Steam fitter, competent skilled workman. Fairly regular in employment. Essentially a family problem of non-support and marital discord. Wife sick. Daughter sexually delinquent. Children sick—(1) chorea, (2) tuberculosis, (3) infant feeding case.

Case 2. Cigar maker with fear of open spaces. Recovered and works regularly as insurance agent. Wife steered through illness.

Case 3. Laborer with psychoneurosis dating from an accident. Feeble-minded. Wife not well. Son feeble-minded. Family income insufficient. Work found; has been capable and steady.

Case 4. Salesman discharged after an attack of manie-depressive psychosis. Since recovery has been steady and dependable, working regularly, but able to secure only temporary positions. Wife died, leaving nine children under sixteen.

Case 5. Draftsman who imagines an unfavorable attitude on the part of his fellow employees. Became unable to work. Got a chance to work by himself; is doing well.

Case 6. Elevator operator discharged for pilfering, suffering from a depression. Wife, an epileptic, had left him, taking their child. Family reunited. Now one of the best employees of another store.

Brief abstracts of the three papers written by Dr. Southard as a result of our investigations may be offered as the best means of presenting his conclusions. *The Movement for a Mental Hygiene of Industry* is a paper addressed to employment managers. It proposes the term mental hygiene of industry as a new term for familiar modern tendencies, and points out that our ideas about it have been cleared up by the war achievements of psychologists, psychiatrists, and social workers. "If there is a military psychiatry entirely aside from the problems of the front—i. e., a military psychiatry

due to the existence or development of more or less mild and incapacitating nervous and mental diseases in American camps already on this side of the Atlantic—it is plain that an industrial psychiatry of similarly large dimensions must exist. Perhaps of larger dimensions! Women are engaged in industry. Older men and women are found in industry than the men of military ages. Industrial risks exist, perhaps not so acute as the war risks, but of a very varied nature."

The personnel of mental hygiene as applied to industry is described as the industrial psychologist, the industrial psychiatrist, and the psychiatric social worker. "The keynote of this systematic attack on industrial personnel problems by means of mental-hygienic data and methods is the pooling and coöperative combination of expert engineering interests and expert medical and psychological and sociological interests; in brief, the invoking by the expert in industrial personnel of the aid of all available experts in personality, to the study of which the whole personnel problem must reduce.

"The interested personnel man or lay reader is implored not to take sides for one or another claim or counterclaim by medical men, psychologists, and others concerning the virtues of special methods. The topic is growing a little controversial; but on the whole the quarrels about method are superficial and the unanimity of experts extraordinary. No doubt the trials of the war served to mature and season the experts on all sides.

"Another warning! Every time the world has tried to measure things more accurately, many foolish persons have risen to protest. Not a few medical men and psychologists will rise to say over the same formula against the mental hygiene of industry. It is to be hoped that, at this late date of the world's history, we can jump this zone of senseless protest against what must inevitably succeed—namely, a program of more expert study of anything whatever, including the human personality, wherever at work.

"The movement for a mental hygiene of industry is neither an outgrowth of the efficiency movement—Taylorism and the like—nor an outgrowth of the workmen's welfare movement—economic interest in shorter hours, better working condi-

tions, and the like—though mental hygiene does effectively combine 'efficiency' and 'welfare.'

"On the contrary, a stream of independent developments in our knowledge of personality (medical, psychological; illustrated, for example, by the kind of insight into human nature displayed by William James) is now pouring itself into a branch of engineering—personnel management—which has been running parallel for some time.

"Perhaps the argument for a mental hygiene of industry may be put into a nutshell form as a question: Why should not industrial managers seek the aid of (a) those who can measure at least a few of our mental capacities and have shown their abilities in war work, of (b) those who are the best specialists we yet have in temperament and the best experts in grievances yet developed, and of (c) others less professionally trained who are capable of tracing out or helping to trace out the actual situation of, per example, labor 'turn-over' as shown in the individual instance?"

The Modern Specialist in Unrest: A Place for the Psychiatrist in Industry, was given as an address at the fortieth anniversary of the Boston Society of Psychiatry and Neurology. It aims to "awaken the interest of psychiatrist themselves to what must be conceived as another immediate addition to the community functions of the psychiatrists." The psychiatrist has always been a specialist in unrest. "Unrest on the part of the individual is the big problem of the psychiatrist; year in and year out he comes in contact with the finest, as it were, and the most brilliant examples of unrest—namely, certain patients in his wards. If this general account of things be correct, the psychiatrist ought to have a message for industry. Psychiatric knowledge about the unrest of the individual ought to be turned to account in our analyses of group unrest. The theory that group experience leads to group thought, which in turn leads to group action, may be sound theory for a portion of industrial phenomena, but individual experience, individual thought, and even individual action are also factors in industrial situations. How far is unrest a matter of group, or crowd, or mass psychology? How far does mass psychology depend upon the psychology of the individual member? That

portion of the unrest problem which depends not upon group experience, but upon individual experience, not upon group thought, but upon individual thought, and finally not upon group action, but upon individual action, is the proper topic for the psychiatrist."

The idea of a mental-hygiene working party to make investigations in particular industries is developed. "A word or two about the respective functions of the members of a mental-hygiene working party. For the benefit of those who come to this problem for the first time, let me insist that such a working party is not proposed for the purpose of supplanting the employment or personnel manager or any other major or minor executive in the industrial plant. I hope to convey by the term working party the idea of an investigation occasional rather than permanent, carried out by special officers having the weight of certain connections outside of the industrial plants themselves. Of course the psychological examiner will no doubt prove a relatively permanent portion of the organization of an industrial plant, as soon as the managers of these plants get clearly in mind the army successes of psychology in the classification of personnel and the elimination of the unfit through group and individual mental tests. I think that portion of the propaganda for mental hygiene may be regarded as properly under way. I am bound to say that I think the plant has been adopting it more as an efficiency device than as a welfare or social adaptive measure, at least in certain plants. But this tendency to exploit the values of mental measurement for the mere elimination of the individual from a particular plant will be short-lived if we can somehow kindle the spirit of mental hygiene in the whole industrial problem. After all, the psychological examiner will find himself of greatest value in the employment or hiring side of the plant's work. As the years pass, the psychologist may also learn to contribute to the problem of promotion upon lines of vocational psychology. But for the present the psychological examiner, in the narrow sense of this term, will be of decidedly lesser value in the interpretation of the discharge rate or turnover in industrial plants. The industrial plant should have the list of discharged employees gone over from time to time by a consultant psychiatrist or a neurologist

interested in the psychiatric side of this work. Such consultant psychiatrist should be in complete touch with the psychological examiner and should have at his disposal such records of mental testings or other recorded impressions as the psychologist may have. He should likewise be able to secure and interpret the records of social work, especially those made in connection with discharged employees. The psychiatric social worker, like the psychological examiner, will probably become a permanent element in the plant, although most of her work may well be done outside its walls in the community and especially in the families even of those who become industrially disabled and of those who are discharged for such reasons as are consistent with the spending of the plant's time and money on their families. Luckily, in advanced urban communities the standard of social welfare has been advanced at least to the point reached by the standards of efficiency inside the plants. The result is that by a minimum of exertion on the part of the social worker, proper transfers of these families of discharged workmen to other agencies can be arranged for. Where there are a number of industrial plants in a single community, the social workers connected with these plants would naturally be closely associated with one another in their social conferences and society meetings. Industrialists tell us that coöperation is more the order of the industrial day than competition. However this may be in industry as a whole, there can be no doubt that the social treatment of families of employees discharged from plant A will benefit the turnover sheet of plant B and C, etc. If plants B and D employ social workers of like skill, plant A in turn will benefit in its turnover sheet. In brief, the welfare of the discharged means the efficiency of the plant. The general problem of turnover is aided by the well-known principle of mutual 'back scratching.' Meantime, the welfare values obtained for the community as a whole run beyond the superficial relief of the industrial skin."

Trade Unionism and Temperament: Notes Upon the Psychiatric Point of View in Industry, was delivered at the 1920 conference of the National Committee for Mental Hygiene and is a "plea for the inclusion in the programs of industrial medicine of the neglected field of mental hygiene"

and a prediction that "industry will shortly demand from the psychiatric branch of the medical profession various consultants who will not do their duty either by medicine or by psychiatry if they do not look attentively into these new matters."

The discussion of temperament in trade unionism followed Professor Hoxie's work *Trade Unionism in the United States*, published in 1917. Hoxie's four functional types found in trade unionism—business, uplift, revolutionary, predatory—are described as corresponding with the four classical temperaments familiar to psychiatrists—phlegmatic, sanguine, melancholic, choleric. The argument is that the analytical point of view of modern psychiatry in the study of temperament may be of value even in such complex labor problems as trade unionism. "In short the individual categories of medicine—the art which of all arts has from the beginning taken the individual as its object—will, we hope, be of some service to the world in such complicated fields as trade unionism. Mass psychology and mass psychiatry may be a thing of the future of undreamed-of proportions and quality. We have only the minds, normal and abnormal, of the individual men to go upon. Can we discern in the nebulous and mobile outlines of trade unionism, once more recurrent, the classical trends of temperament? If we can be sure of our analysis here, we can no doubt meet the problems of trade unionism with much more understanding and with very much more sympathy. The mental hygienists, I venture to say, as represented both by psychiatrists and psychologists, will have in the long run a considerable contribution to sociology."

Other ideas that Dr. Southard intended to develop in later papers are "specifications for clinics to demonstrate to employment managers certain useful points in character and temperament"; "analysis of 250 industrial histories of psychopathic employees," the data for which have been collected; and "comparison of tendencies to violence in the insane with like tendencies shown in industry."

In the future results should be sought through practical measures to supply in particular plants what psychiatry has to contribute to personnel problems. Such practical measures

are the mental-hygiene working party to survey a plant, the consulting psychiatrist, and the psychiatric social worker connected with the personal service. Many studies could be made within the plants for the purpose of indicating the value of such measures, but the emphasis should be upon an actual trial on a large scale of methods already proved to be of value in individual cases. Application of what is already known will not only yield immediate practical results, but will also be the shortest road to further knowledge.

The difficulties of practical application may loom large. One manufacturer who was kind enough to list for us the objections that might be raised by industrialists was able to set down seventeen typewritten pages of possible objections. They can all be met by trial, but probably not by argument. The objection in the foreground is that large industrial firms employing thousands cannot give attention to the individual employee. This is a problem of organization, which is tersely put by Dr. Otto P. Geier when he says, "While it is advisable to think in terms of the mass, it is even more important to act in terms of the individual."¹ Another industrial manager, facing the difficulty squarely, says, "The mistaken idea that a workshop becomes so large that it is impossible to deal with the individual is doing tremendous damage to-day. Does a firm ever get so large that it cannot deal individually with its customers? If it is possible to deal and make individual adjustments with customers, why should it not be less difficult to deal with the employee individually? Just as the circumstances surrounding the purchase of the customer must be different, so are the capabilities, class of work, personalities, etc., of the individual worker incapable of satisfactory mass adjustment."

The terminology of medical science is a minor cause of prejudice in the industrial field. But workers who have familiarized themselves with the almost unbelievable names attached to some of the machines and materials used in manufacturing industries will not hesitate long before accepting such easily acquired terms as "psychiatry," "paranoia,"

¹ Geier, Otto P. Employment Management and Industrial Medicine. *Modern Medicine*, Vol. I (new series) pp. 213-15, July, 1919.

"cyclothymia." Even "hypophrenia" and "pseudologia" may come in time to replace the harsher terms "stupidity" and "lying"!

The fear that the recognition of mental disorder will discredit the worker may act as a deterrent to the movement. Big mental diseases cannot be concealed, but it is customary to ignore the little bits of mental disorders that stand to mental disease about as a cold in the head stands to pneumonia. Yet these little mental troubles often impair efficiency and happiness more in the long run than a severe attack of some disorder. Most of us would rather have an attack of pneumonia than a chronic cold in the head. It is thought that the individual worker will be alarmed at the idea of attributing his difficulties to diseases or to innate weakness. It has not been found difficult in individual cases dealt with in hospitals to reconcile employees to the idea that their difficulties have recognized causes; in fact, as a rule they welcome the idea, as it is a relief to them to know that there are means of help. In one plant visited, the head of the medical department thought of beginning a mental-hygiene program with the executive force, where turnover was lower and intelligence higher. The best argument with the worker of the value of mental-hygiene methods will be the increased satisfaction of individual employees who take advantage of them. In relation to one mental disorder, feeble-mindedness, it has been proved and generally accepted that the worker profits by recognition of his mental condition. Individual consideration for the feeble-minded has led to a better realization of their productive capacity and has tended to increase their productivity as a class.

Gradually all points of view from which industry is studied—economics, medicine, engineering, labor, capital—are coming to a focus upon the basic fact that production rests upon mind. Mental power is the greatest force in the world, and it is still to be studied from the standpoint of industrial production. The beginning made by the Engineering Foundation is full of promise. In a recent article in the *Engineering News Record*,¹ Miss Frances Keller says, "The application of man power to production in its essence is the province of

¹ See bibliography at end of article.

science to solve—just as much as the application of heat power and electric power to production was the province of science to solve." And again, "Nothing but science has ever been able to understand power of any kind. Engineering is the only method that holds out any promise of ultimate success. Increasingly the engineer untrained in man power, but having the essential groundwork, is becoming the manager of men."

There can be no doubt that as the field of study and practice in the mental hygiene of industry develops, the social worker—whether so called or otherwise named is a matter of no consequence—will be required. There is likely to be a demand for a large number of psychiatric social workers trained in the general technique of social investigation and treatment and the special technique of personality study. The same training that has been found indispensable to the adjustment of individuals here and there who have come to the attention of social agency or hospital will be required for any extensive program of personality adjustments within an industry. The social worker's knowledge of family and community relations and special skill in securing personal histories and in handling people should form the best possible foundation for personnel work. With additional instruction and training in matters pertaining to industrial organization, the social worker is likely to prove an asset to industry.

BIBLIOGRAPHY

1. Adler, Herman M., M.D. Unemployment and Personality. *MENTAL HYGIENE*, September, 1917.
2. Jarrett, Mary C. The Psychopathic Employee. *Medicine and Surgery*, September, 1917.
3. Keller, Frances A. A Leaf From Lenin's Policy on Man Power. *Engineering News-Record*, March 11, 1920.
4. Leiserson, W. M. Employment Management, Employee Representation and Industrial Democracy. *U. S. Department of Labor*, 1919.
5. Southard, E. E., M.D. The Movement for a Mental Hygiene of Industry. *MENTAL HYGIENE*, January, 1920. Also *Industrial Management*, February, 1920.
6. Southard, E. E., M.D. The Modern Specialist in Unrest: A Place for the Psychiatrist in Industry. *The Journal of Industrial Hygiene*, May, 1920. Also *MENTAL HYGIENE*, July, 1920.
7. Southard, E. E., M.D. Trade Unionism and Temperament: Notes Upon the Psychiatric Point of View in Industry. *MENTAL HYGIENE*, April, 1920.
8. Williams, Whiting. Human Relations in Industry. *U. S. Department of Labor*, 1918.

THE STATE HOSPITAL IN RELATION TO PUBLIC HEALTH *

FRANKWOOD E. WILLIAMS, M.D.

Associate Medical Director, The National Committee for Mental Hygiene

OVERWEARIED as we may be from the hot enthusiasms and the sharp idealisms of the war period, and deep as we may be in the depressive spiritual reaction from those days, yet we are aware that a new spirit has come into the world. This spirit may be difficult of definition, but we are made conscious of it in many ways and by activities in various fields of human endeavor. It has something in it of aggressiveness, of the consciousness of power that is born of success, of fearlessness in facing problems, of a keener sensitiveness to injustices and unfairnesses, whether in the political, the economic, or the social field, a greater awareness and intolerance of needless evils. And to the elements of this spirit may be added what to psychiatrists must give satisfaction—a desire to investigate, to know facts, to be guided by facts, and to meet issues squarely.

A few years ago our good friend and one-time chief, Dr. E. E. Southard, from whom we gained much inspiration, read a paper in which he discussed what he called the Kingdom of Evils. Dr. Southard's contention was that the evils in the world are not numberless, as appears on a casual survey; that the myriad forms of evil that confuse and discourage us are but symptoms and signs; that when these are grouped and classified, a number, not discouragingly large, of major evils will be found; that it were better for the right-minded to save their energies in attacking numberless symptoms of evil in numberless ways and places and to turn the energies thus fruitlessly expended into carefully classifying the major groups; that once the major groups are identified, it will be the first business of all to make a concerted attack upon them. Toward this end Dr. Southard himself attempted a classifica-

* Read at the Midsummer Meeting of the Joint Board of Trustees of the Michigan State Hospitals at Kalamazoo, Michigan, July 15, 1920.

tion of the Kingdom of Evils. In this classification he was not concerned, of course, with the old chameleonlike moralities, but with the larger aspects of evil.

In Dr. Southard's classification of evils one is not surprised to find sickness. Obviously it belongs there. But the world has not long realized that it belongs there. Sickness has not been an evil in the minds of people. From being a punishment and a scourge it had come to be a thing to be expected and to be endured as the necessary part of the end of man. But while the human machine must in time wear out, it need not be consumed by conflagration. Sickness is an evil, and men are fast coming to realize it and to organize their forces on that basis.

Many lines of thought from various fields of human effort have contributed to the development of this point of view, and some have been from fields far apart from medicine. Medicine, however, as it has become more socially conscious, has been gradually working in this direction. The treatment of disease is a negative social contribution—important, to be sure, but negative and humanitarian. Thus to link the humanitarian with the negative is not to underestimate his contribution, but it is to assay him critically, the better to estimate or revalue his worth, a proper psychiatric function. No one knows better than the psychiatrist the significance of humanitarianism. Humanitarianism surely is not the *opus magnum* of human evolution, with its leached instincts and sublimations—good in the sense that it is better than bad, but bad in the sense that it represents the defeat of better.

Socially conscious medical men could not long tolerate such a negative position, once an opportunity for greater positive contribution were presented. This opportunity came with preventive medicine, and into the field of preventive medicine entered men of vision whose instincts needed not so much sublimation as wider outlet. The prevention of disease represents a greater positive social contribution; but it is not free of negativism and it was not to be expected that medicine, with its great potential for positive good, would rest here. Medicine is preparing for another move forward. One observes in medical literature, discussion, programs, and health campaigns a new note—not alone that the ill shall be made

well, that the well shall be prevented from becoming ill, but that the energies of medicine shall be given to extending the power and happiness of man through developing to their maximum his physical and mental abilities. The campaign in social hygiene is no longer for the prevention of venereal disease alone, but for an intelligent understanding of sex; the anti-tuberculosis campaign is not alone for more sanitaria for the tuberculous or a direct attack upon the incidence of tuberculosis, but for better health in general; school physicians, while still performing the important function of inspecting adenoids and tonsils, are giving their larger energies toward developing among children proper habits of health and hygiene; the attack upon infectious disease is continued with even greater zeal, but attacks are also led against diseases of deterioration through campaigns for better health and more hygienic living in general. These endeavors represent positive social contributions as opposed to the purely negative contributions of the past. Medicine has therefore progressed from empiricism to scientific treatment, to prevention, and finally, if you will, to productive medicine.

Has psychiatry any such positive contribution to make? Is psychiatry prepared to make such possible contribution? One cannot doubt the ultimate answer to these questions, but the immediate answer will depend upon how far psychiatry has advanced in the preliminary steps of this evolution from empiricism through the negative aspects of medicine—treatment and prevention.

As you are not unaware, the first hospitals for mental disease opened in this country were as free of access as any other hospital. A patient with a sick mind could come as freely to such hospitals as his brother with a broken hip could enter a hospital of another kind. For some fifteen or twenty years this freedom continued. Gradually, for one reason or another, fairly or unfairly, doubt and misunderstanding arose in the minds of the public; the hopes with which these hospitals were built were disappointed, and from being the "state's greatest charity" the hospitals frequently became, with warrant or without warrant, the state's greatest source of scandal. In bitterness, disappointment, and distrust, legislatures built a legal stockade about the hospitals until prisons

were more accessible than hospitals; in fact procedure was much the same in both cases, with leniency in favor of the jail. Hospitals became isolated, socially and medically. For almost forty years hospitals have been endeavoring to free themselves from this tremendous handicap and have now largely succeeded. Laws permitting voluntary admission, temporary care, and observation have been passed in many states, and again the psychiatric skill of the community is becoming accessible to those who need it.

Originally the institutions for the insane were called asylums, a beautiful name with a beautiful meaning—a place of refuge. But unhappy connotations came to be built up around the term asylum, and legislatures have seen fit to change the name to hospital. But asylums cannot be changed into hospitals through legislative enactment. A building, a physician, a nurse, and a patient do not make a hospital. Even less do a thousand patients, three physicians, and a few poorly trained attendants make a hospital. Are our hospitals in name hospitals in fact? As one surveys the situation generally throughout the country, one is convinced that there are many excellent hospitals, that there are still too many which have only good housekeeping and a low per capita to recommend them—asylums in the proper sense—and that there are some that are but inferior jails. Putting it in another way, one may say that most state hospitals are rendering a humanitarian service, some are rendering a medical and scientific service, while still too few are rendering a positive social service in spite of the fact that they contain possibly the greatest potential for social service of any organized medical group.

The right of any state to call its institutions hospitals can properly be questioned, and least of all can a superintendent or a board of trustees take pride in an institution as a hospital, unless such institution has met the requirements that experience has shown to be needed in such institutions. These requirements are familiar to you, but they may be briefly enumerated:

A reception service.

Facility for proper classification and segregation of patients.

Facilities for active treatment, such as hydrotherapy and occupational therapy, and these in the hands of competent persons.

Properly equipped and staffed laboratories.

An adequate medical and nursing staff with a training school for nurses.

Frequent and regular staff meetings.

A system of adequate case records.

A parole system.

Social service.

The number of hospitals in this country that maintain such a standard is not inconsiderable and the number becomes larger each year. Asylums are not made into hospitals easily. When made, the transition has come through years of hard work and against many obstacles by earnest superintendents who have given to it the best years of their lives. There are hospitals in this country that stand as monuments to men who won them, not in a moment of exalted heroism as is so frequently the case with our better known awards of merit, but by courage sustained through long periods, through sweat and toil and sacrifice, and without the stimulus that comes from crowd action.

But no organization can live by maintaining past or even present excellencies. What was excellent yesterday is mediocre to-day and retrogressive to-morrow. Hospitals for mental disease have sat by the side of the road and performed their humanitarian service, binding up the wounds, as it were, of the generations that have crowded past them. In no generation have they been a vital, dynamic part of the community life. And yet they contain within their walls a potential force of unlimited value.

Once psychiatrists left their places by the road, took off their robes of negative humanitarianism, and put on the armor of the crusader. It was at a time when the best that was in men was challenged. At first the change from robe to armor was not recognized, and those about smiled and dubbed these psychiatric officers "nut doctors," and "nut doctors" they would have remained to the end had their services been limited to the negative one of caring for the insane, valuable as such a service would have been. But these

men soon became a dynamic force in the life of the army. Their contribution was a positive one, and with it came the respect of their brother medical officers and line officers alike. The handling of the problem of the war neuroses is familiar to you and need not be elaborated in this connection except to point out that the problem of the war neuroses is the problem of the civil neuroses. Several contributions that have not received so much attention may be mentioned briefly.

When the United States entered the war, an official request was sent from Washington to the commandant of the United States Disciplinary Barracks at Fort Leavenworth requesting an estimate on the increased provision it would be necessary to make in order to take care of the prisoners to be expected from an army of 3,000,000 men. After a study of the figures of the Civil War, the Spanish-American War, and the operations on the Mexican Border, the commandant replied that it would be necessary to provide for 50,000 prisoners. As a matter of fact, the Disciplinary Barracks, including the two branches, received approximately 5,000 prisoners—in other words, 10 per cent of the estimated number, based on previous experiences. This can be explained on only three grounds: (1) the enforcement of prohibition in the army in general and especially in cantonments and their neighborhood; (2) the activities of the War Camp Community Service and other agencies in furnishing recreation for men in their leisure; (3) the elimination by the neuropsychiatric officers of the potential delinquents of the army—the mental defectives, the insane, the psychopaths. The effect of the work of the neuropsychiatric officers in eliminating these potential delinquents was clearly shown when a survey of the prisoners at the Fort Leavenworth Disciplinary Barracks disclosed that the distribution of intelligence among them was practically that of an ordinary division of troops. Adler, in his report of the survey, points out that "there was an absence of the high proportion of defectives and psychopaths found in nearly all of our civil prisons. Instead of the 30 or 40 per cent of feeble-minded and psychopaths found in the latter institutions, between 10 and 12 per cent were found among the prison population at Fort Leavenworth."¹

¹ *Disciplinary Problems of the Army.* By Herman M. Adler, M.D. MENTAL HYGIENE, Vol. III, pp. 594-602, October, 1919.

The influence of the psychiatric and psychological examinations made in the camps at home was felt in the Argonne and on the Marne and the Meuse. Salmon, in speaking of the results observed by him in the A. E. F., says: "In the army in 1915 there were just one hundred thousand men, and those one hundred thousand men, who were taken without very much attempt at selection, contributed during the year 56 suicides. The A. E. F. contributed, of its two million men in two years, 94 suicides. That is, had the suicide rate in the A. E. F. been the same as it was in the unselected regular army in 1915, there would have been 2,240 suicides. The insanity rate of the old army in 1915—a year spent entirely in peace—was 3 per thousand. That is, 3 men were discharged for 'mental alienation' for every thousand in the total enlisted strength. The insanity rate in the A. E. F., where men were subjected to unprecedented stress and where many of the causes of mental disease that existed in the regular army in 1915 were accentuated, was 1.6 per thousand. That is, there was 47 per cent less insanity in the American army in France, engaged in active warfare during almost the entire period, than there was in the regular army in 1915, engaged in peace duties throughout the United States.

"One man in eight of the army of 1915 left the army before the expiration of the year through a criminal procedure, either desertion or a sentence of court-martial involving dishonorable discharge from the army. Had that rate prevailed in the A. E. F., two hundred and fifty thousand of the two million men in khaki who went overseas would have returned as prisoners, facing dishonorable discharge from the army. As a matter of fact, the total number of men who were returned as general prisoners was 1,731. You must remember, too, that offenses which are very slight in time of peace and are dealt with by summary measures are in time of war dealt with by general courts-martial and long sentences."¹

These days are over, but from them have come a multiplicity of complex problems. The world is milling. The issues are considerably clouded by the dust that arises from the process,

¹ Remarks by Dr. Thomas W. Salmon at dinner of the Military Training Camps Association, January 17, 1920.

and there are earnest people who are conscientiously analyzing the dust. Leaders in various fields, however—the economist, the sociologist, the jurist, the statesman—have pushed through the dust screen and are making earnest efforts to find fundamental causes of the disturbance. Some weak-hearted have returned in a state of panic. There was another similar time. When thousands of men began to pour out of the trenches blind, deaf, and paralyzed, and to stream back upon the hospitals, general medical men who could find no organic lesions were puzzled and at their wits' end what to do. But the psychiatrist was not puzzled and, free of any feeling of panic, proceeded in a matter-of-fact way to readjust these individuals and to return them to the line of duty. The present situation is but slightly different. If there is any group that should be panic proof in the face of restlessness, discontent, suspicion, jealousy, cries of treachery, robbery, and murder, it is the psychiatrist, who at least has some insight into problems of human behavior.

In one respect, however, the situation is different. Many psychiatrists have removed their crusading armor and have returned to their humanitarian robes. The civil line officers—the state officials, the jurists, the educators—are left without special advice or counsel. At another time in another difficult situation one of the most useful officers was the division psychiatrist. The division psychiatrist was responsible for the mental health of the men in his division. He was a constant adviser of his superiors, both of the line and of the medical corps. It was his business to know his men, their weakness and their strength. It was he who supervised the examination of the men in his division in the elimination of the unfit. Through his assistants he was in constant touch with the morale of his organization. His constant inspection revealed weak spots as men began to break. With action imminent, he forestalled panic by plucking out those likely to precipitate panic. With his troops in action he was immediately behind them with his special hospitals organized to take care promptly of those who would find the task too difficult. Every officer and man had access to him and to his trained advice and counsel as personal crises approached. He was a dynamic force in his combat community. No one will

gainsay the usefulness of such an officer. But where is his counterpart in civil life?

Such force, such leadership is just as much needed to-day in every state and in every district in the country as it was two years ago on the battlefields of France. There is but one immediate source for such leadership and that is the state hospital. Most states are divided into definite hospital districts. A hospital receives its patients from a particular district. This is a definitely limited district usually not overlarge. The superintendent of the hospital may easily be familiar with every city, town, hamlet, and county in the district. All about him in this district are earnest people struggling with perplexing problems—industrial, educational, correctional, charitable. He is not apart from this community, but an integral portion of it. These problems are his problems and the problems of his staff, as much as they are any citizen's problems. He observes his fellow citizens struggling with what he all too frequently considers *their* professional problems, and as time goes on he receives into his refuge the by-product and sometimes the direct product of the prodigious labors of his friends. He calls it waste, damnable, needless waste, and yet the key to the solution of many of these problems remains locked in his own institution.

From 1915 to 1918, inclusive, the Michigan state hospitals received some 6,700 new patients, approximately 1,700 patients each twelve months. There will be a new 1,700 in the next twelve months. Where are these individuals and who are they? They are not a mysterious group that will descend upon the state like a plague from some far-off place and from some unexpected direction. They are our neighbors, our friends, and their children. They are not a group peculiar to New York or California or Texas, but citizens and children of Kalamazoo, of Grand Rapids, of Ann Arbor, of Pontiac, and of Traverse City. Their course is about run and they will soon be with us. But in the offing there is another 1,700 and as far as we can see yet another and another. It is a veritable army of living, breathing, unhappy individuals—1,700 within one year of us; 3,400 within two years; 5,100 within three years; 6,800 within four years; 8,500 within five years; 17,000 within ten years.

Some that we can see just over the horizon are mere toddlers who are to-day having their first brush with what is to them a surprisingly unfriendly environment and reacting to it badly and in a manner that is significant; nearer is the boy or girl *just* beginning to edge away from the crowd; the boy who has *just* found the false way around an obstacle; the lad who is beginning to doubt himself, but who is finding an explanation of his failure in the unfairness and unfriendliness of others; the boy or girl who to-day has *just* dropped his or her head in unhappy recognition of his or her inferiority, or the other fellow in the group who has *just* thrown up his head, frightened at the inadequacy he has found within himself, but who has buckled on an armor of self-defense, stands breathing defiance and ready to challenge authority. With increased puzzlement and confusion, misery and unhappiness, pitiful and tragic, these boys and girls will be moved along toward us year by year. Inefficiency, failure, and humiliation will be heaped upon them. As, without understanding and without guidance, they are pushed forward by the crowd about them, it will be but an accident whether some first reach us or the prisons. But in the years that are to intervene parents will labor with them, the schools will work with them, the judges of the juvenile court and the probation officers will do the best they can with some, and with some the higher courts, reformatories, and prisons will have to take a hand. Energy and money will be expended without avail upon them. But whatever the intervening steps, the end is failure. How difficult of readjustment they will be when once they reach the reformatory or finally find a refuge with us! And yet, pliable as they are to-day, how simple in many cases would the readjustment be now—how simple the psychiatrists who met yet more difficult problems of readjustment in the army know, and Campbell and Richards in Baltimore, Glueck and Brown in New York, Healy and Bronner in Boston, who in school or court have worked with these children, have pointed out. We are inclined to think of these individuals in the terms of end reactions as we see them on their admission to the hospital, and to be discouraged; it were better did we think of them in the terms of beginning reactions.

We have been speaking of the child we could just discern as

we looked ahead, but the older brothers and sisters of these children are at hand. They are in the schools to-day, they are in the courts to-day, they are entering industry to-day. And does any one presume to deny that these individuals, whether in school, court, or industry—unassisted, unrecognized for what they are, unassayed at their true value, misunderstood and misunderstanding—are the source of many of our most perplexing educational, judicial, industrial, and political problems? Problems of conduct lie in the province of psychiatry. And not alone of insane conduct.

Economic and social problems are to be solved only in a spirit of fairness and upon the basis of ascertained facts; but with the sifting of data in the ascertaining of facts, and in the determination of what is fair and just, there must be discussion, division, and even heated differences of opinion. It is not, however, from such fair differences of opinion, no matter how sharp, nor from such contentious discussion as may grow from it, that many of our difficulties and disturbances arise, but from the partisan agitation of individuals who, unhappy and disturbed by unsolved problems of their own personality, make an effort to maintain their self-respect against a feeling of failure, defeat, and inadequacy, either by rationalizing their difficulties in terms of the injustices of others, or by transferring the emotions born of their own sense of failure to elements in their environment. In the understanding of these individuals, whether partisans of one group or another, and the significance of their passionate outbursts, the social atmosphere may be kept clearer for a proper evaluation and judgment of the issues involved. In assisting these individuals in the solving of their own problems, not only may neuroses and possibly psychoses be prevented, but by proper reconstructive efforts the individual may be led to an adaptive plane, upon which he may find happiness and social usefulness.

We should not overestimate the amount of our knowledge or our ability in helping to solve some of these problems, but false modesty and an attitude of self-depreciation are equally wrong. This is not a time for sensitiveness. The need for trained men who are not afraid is greater to-day than in 1917. Building for peace is an infinitely greater task than preparing for war, and rebuilding after war has always tried men's

souls. But everywhere are strong men engaged in the process of construction. Professional group distinctions are not so marked. There is a new community of interest. In idle days we were jealous of our problems; interlopers must keep away. To-day we seek advice and counsel in contiguous fields—the jurist calls upon the educator, the industrialist calls upon them both, and all are asking questions of the psychiatrist. Psychiatry cannot shirk its part of the burden in such a program of construction. Contacts with these community problems may be made through a more extensive development of the out-patient departments of the state hospital, through a well-organized and active psychiatric social-service department, and by psychiatrists assuming advisory relationships with boards of education, boards of charity, courts, and labor and industrial organizations.

The state hospital in its district contains the potential for an inestimable service greatly needed. State hospitals all too frequently are pursuing a negative policy of humanitarianism, a part of, but apart from, the community. With the evolution of medicine from negative humanitarianism to positive constructive contribution, psychiatry and its hospitals will undoubtedly become vital, dynamic forces in their districts, pooling with others in a general community interest what they have of special knowledge.

IMBALANCE IN THE DEVELOPMENT OF THE PERSONALITY AS A CAUSE OF MENTAL ILL HEALTH

EDITH R. SPAULDING, M.D.
New York City

FROM the standpoint of the psycho-biological growth of the individual, what may be called an imbalance in the development of his personality may be looked upon as one of the most important of the causative factors of mental ill health. On the other hand, the factor of balance in personality development is of paramount value in the field of mental hygiene. The value of this factor, important though it is in itself, is increased by the fact that to a large extent it is the result of wise training and a favorable environment. This makes of it a somewhat variable quantity which may be raised to its highest power if there is need to offset the results of handicaps of inheritance. Furthermore, it is an excellent foundation for a well-poised mind, and the cultivation of it is the surest way to prepare the individual for the stress and strain of life and the incidence of physical disease which in one way or another not infrequently prove disastrous to his mental equilibrium.

It is, then, because of the rôle that such personality development plays in the drama of our mental lives that the importance of avoiding imbalance in the character building of our children cannot be too greatly emphasized. Moreover, too great attention cannot be given to it, particularly in the first five years of life, since it is being recognized more and more that it is in the earliest years that the great tragedies occur that tend to warp seriously the individual expression of energy of later years.

The possibilities of balance and imbalance in the growth of the individual may be considered innumerable, and the study of them might be carried into the most minute of the characterological traits. The more important ones, however, which we shall discuss in this paper, may be considered as

comprising many of the important principles of mental hygiene which should be adhered to rigorously if there is to be accomplished in the field of mental medicine what has already been done in preventive medicine in general.

The first important instance of balance may be looked for in the physical make-up of the individual, which is probably the foundation of the personality. One phase of this balance is in the integrity of the various organs of the body; another is in their proper functioning and in the balance of their inter-relationship, in the accomplishment of which the internal secretions play such an important rôle. The habits of the infant, even from the first hour of his life, cannot be overestimated in the part they play in the foundation of such a sound physical basis, both from an organic and from a functional standpoint. A child with a highly sensitive nervous system who is allowed during the first two years of life to form only constructive habits of eating and sleeping has the most important foundation for a healthful existence, both mental and physical.

It is interesting to watch a child who is taken up each time he cries. The smile of perfect contentment and satisfaction that glows in his face when this means of quieting him is resorted to is sufficient evidence of the cause of his crying and of the satisfactory fulfillment of his desires. Such constant yielding to his wishes upsets the balance in his life. There is insufficient time for sleep; digestion is constantly interfered with; he does not develop as he should and, incredible as it may seem, we soon have what appears to be an infantile nervous wreck instead of a peaceful, happy vegetative creature adapting himself to and enjoying the routine of the world as he finds it without trying with Bolshevikistic methods to upset the whole social scale for the whim of the moment.

A general practitioner was recently summoned to see a baby because he cried so incessantly that the family dreaded to have him baptized. Since no more complicated treatment seemed to be indicated, the physician gave him a good dose of castor oil, had him sleep in a room by himself, and told the family to let him alone. Before very long it was possible to have a peaceful baptism. Such an infantile method of

dominating the family may persist even in adult life, often expressing itself in tantrums that are indicative of the individual's poor adjustment to his environment. Strange as it may seem, children not only frequently decide what their own bedtime shall be, but also dictate the time for their parents to go to bed. Not long ago I saw a youth of fifteen who had always insisted upon his father's going to bed with him.

Again, in the matter of food, the child's preferences are not only frequently asked, but his prejudices are encouraged. A mother will leave each decision about food to the child, irrespective of dietary values, and even remark that it is difficult for her to remember her children's various preferences. It is generally conceded that a child does not know instinctively what diet is best for him and that idiosyncrasies in food should therefore not be encouraged. Campbell describes children who develop severe gastric symptoms in an attempt to dominate their environment.¹ Such symptoms may be considered unconstructive habit formations and are upsetting to the emotional as well as to the physical balance of the individual. The best safeguard against the elements of infection and exhaustion that may intervene at any time throughout life to upset the body's equilibrium lies in constantly maintaining the highest level of physical efficiency and mental balance.

The next significant balance in the development of the personality is the relationship between the physical and the mental growth of the individual. It is of the greatest importance that the mental development should correspond with the physical growth. This entails the development of inhibitions, mature attitudes, and altruistic or socialized impulses that should correspond with the changes incident to physical development. In his mental development, the child passes through various stages that are natural and desirable as stepping-stones of childhood. The importance of affording him every opportunity to reach the mental level that corresponds with his chronological age cannot be overestimated, for if the individual does not develop intellectually and emotionally, but remains at a childish level, he is unable to make

¹ Campbell, C. Macfie. *Nervous Children and Their Training*. MENTAL HYGIENE, Vol. III, pp. 16-23, January, 1919.

constructively the adult adaptations that will be expected of him. Certain immaturities, however, have great charm as elements of the personality, and may be considered undesirable only when they interfere with the personality's real lines of development.

The instability and antisocial conduct that are sometimes found during adolescence illustrate a temporary loss of balance between the physical and the mental. Cases are not infrequent, of course, in which the physical demands are always greater than the mental control; in which there is a permanent physico-mental imbalance. The following is an example of such an imbalance that was very marked during adolescence; it was grafted on an injudicious early training and, still more fundamentally, on what was probably an hereditary handicap.

Elizabeth, a girl who was studied at the Psychopathic Hospital at Bedford Hills,¹ had been brought up in a quiet New England town by her grandparents, who were devoted to her and offered to give her a good education. Her father had died when she was still a baby, and her mother brought up her other daughter and two sons in a suburb of New York. The hereditary factor referred to was suggested by the roving qualities of the father and of a brother, both of whom showed, besides, considerable nervous instability. Elizabeth remained with her grandparents and away from the rest of the family much of the time until she was fifteen and in high school. Returning to spend the summer with her mother in the New York suburb, she was greatly tempted by the town's gayety and its call to her adolescent longings. Instead of returning to her grandparents to finish high school and normal school, as she could have done, she remained with her mother, much against the advice of her entire family. She went to work, but changed from one factory to another, in quest always of less supervision and more gayety, even though the wages were lower, until two years later she was beyond the control of those interested in her and was associating with Chinamen in chop-suey houses.

¹ The Psychopathic Hospital of the Laboratory of Social Hygiene associated with the New York State Reformatory at Bedford Hills, New York.

In this case there was great physical activity and good mentality with, however, much general immaturity and poor judgment. In the stress of adolescence there was little latent power of control, and when supervision in her environment failed to be adequate, the balance between the physical and the intellectual, between emotion and judgment, was ineffectual, and she was carried away by the allurements of what she considered "real" life. Had there been more judicious training in her early life; had she been helped to develop better judgment in her early childhood; had she learned to face difficult situations instead of always being indulged as she freely admitted she was; had she been given constructive outlets for her energy, which she did not have in her association with her grandparents, then, we believe, when the years of adolescence arrived, made more difficult than usual because of inherited instability, the imbalance between the mental and the physical would not have been so hard to cope with, and she would have weathered the storms of adolescence with better success.

The next balance of importance in the personality is in the individual's expression of energy. Jung has emphasized the two important types of personality that demonstrate different kinds of energy expression.¹ On the one hand is the extravert type in which the energy is expressed freely, through obvious activity and loquaciousness. There is apparently little inhibition and the impulses flow outward and express themselves with ease in physical and mental activity. The introvert type, on the other hand, does not have the free outward expression of energy of the former type. There are inhibitions that prevent such active participation in an external world. A compensating form of activity takes the place of this in a more or less shut-in personality. There is much introspection. The individual lives within himself.

In order to maintain a balance in the personality, a combination of these two types must be cultivated: first, sufficient introspection and deliberation to develop a depth of personality, a resourcefulness, a reliance on self, and a wealth of feeling; and, second, sufficient outward expression of a spon-

¹ Jung, C. G. *The Theory of Psychoanalysis*. Washington: Nervous and Mental Disease Publishing Company, 1915.

taneous nature to enable the individual to give satisfying and constructive vent to his energy.

The following is an example of the kind of emotional experience that may upset this balance, inhibit spontaneous emotional expression, and produce a feeling of inferiority that results in undesirable repression.

A girl of five was playing statues quite innocently with her young boy cousins in the nursery. In order to make her look like the pictures in the big book downstairs, the cousins had removed her clothes, and she was posed on the window seat when her aunt, whom she greatly feared, entered the room. The aunt was thoroughly shocked at what she saw and called the child loudly by name. The mother was sent for, and, weeping, she dressed her daughter and took her home, without giving her a word of explanation. The child supposed that she had committed an unpardonable sin, something too terrible to be talked about, and grew up with the idea that she had disgraced her parents irrevocably. Her first name was so distressing to her on account of the association with her aunt's exclamation that when she was older, she had it changed. She always shunned the companionship of girls because she felt a sense of inferiority, of unworthiness, perhaps also of uncleanness, according to what she judged their standard to be. But boys, she felt, would understand and would not think the worse of her.

When she was eighteen, her father was very ill, at a time when her mother was several thousand miles away. The nursing was difficult, and it seemed to her that here might be an opportunity to expiate for the terrible sin that she had committed so many years before. She relieved the nurse each night, and during the night just before her mother's return she assumed a position that involved great physical strain, in order to give relief to her father. He lived a few hours after her mother arrived, and the girl then collapsed mentally and physically. She had, however, as a solace the idea that through her sacrifice she had atoned in part for her dreadful sin and felt assured that her father, at least, had understood and had forgiven her.

Years later she learned that the experience of her childhood was after all a perfectly natural one and should not have been

open to censure at such an early stage in her development. Then everything looked different. She realized that her mother had probably never condemned her for what had happened, as she had supposed, but had refrained from speaking about what had occurred because she felt that her daughter was too young to understand. She realized then what an influence the incident had had in shaping her personality, and for the first time she felt freedom from the yoke that had been a restricting influence in her life since her fifth year. She was conscious of a sense of freedom and confidence that grew each day and afforded her much relief and happiness. It was interesting to see the outward effect of her new sense of freedom in the popularity with other women that suddenly took the place of the previous condition of aloofness that her attitude had engendered.

It is such experiences as this that often result in so great a feeling of terror that they are pushed out of the field of consciousness into the lower level of the unconscious, where they continue to be the source of unexplained fears and other neurotic symptoms that indicate the imbalance that exists in the individual's power of emotional expression.

We have recently described¹ two cases where emotional experiences occurring at the age of seven years had aroused sex consciousness and had lain unrevealed for years, inactive as far as any constructive outlet was concerned, but fermenting internally and causing neurotic and antisocial symptoms. If such conditions as these could be recognized in children, it would be possible to guard against unconstructive emotional repressions and unnecessary feelings of shame and of inferiority that prevent the child's effective nature from developing in a normal, balanced way and his energy from finding normal constructive outlets.

Children are far cleverer than we realize, and their emotional life is well developed by the time they are first put to the breast. Watson has shown in his experiments on babies in the first few days of life the presence of anger, fear, and

¹ Three Cases of Larceny in Which the Antisocial Conduct Appeared to Represent an Effort to Compensate for Emotional Repression. By Edith R. Spaulding. *MENTAL HYGIENE*, Vol. IV, pp. 82-102, January, 1920; also *American Journal of Insanity*, Vol. LXXVI, pp. 303-19, January, 1920.

affection.¹ Whenever emotional experiences arise and undesirable habits form, they should be faced and corrected in such a way that the child may be stronger for the experience rather than handicapped by it. The knowledge of sex that is allowed to come through the promiscuous channels of chance experience alone is, as we know, exceedingly dangerous. If the child feels, however, that he is free to go to his parents with whatever is troubling him, no matter what its nature, it should be possible to prevent the evil consequences of such chance happenings.

Perhaps one of the most important phases of balance in the field of emotions is found in the expression of the affections. As much danger lurks in the repression and coldness of a stern New England household that makes it difficult for the child ever in later life to express himself freely as in the home in which the child is overladen with love of such an intense nature that he has difficulty in freeing himself from its bonds and in making adult adjustments in the realm of his affections in later life. Here, then, it is most important to keep the balance true, and while providing the child with adequate avenues for his demonstrativeness, to guard always against a too great intensity and a dependency that will prevent him later on from meeting successfully the demands that adult life will make.

There is to be maintained not only the balance between the physical and the mental, which has already been mentioned, but also between the emotional and the intellectual. Although the purely intellectual person and the purely emotional person may be recognized as fairly distinct types, still, through encouragement and conscious direction, the intellectual should be able to cultivate emotional activities and the emotional intellectual interests to an extent that would result in a more balanced and a saner expression of energy.

Another field of balance in the personality is that of what may be called opposing characterologic traits. Most important among these are the so-called, but we might say quite arbitrarily named, masculine and feminine traits. We see what we call masculine men and masculine women and

¹ Watson, Jennings, Meyer, Thomas. *Suggestions of Modern Science Concerning Education*. New York: Macmillan Company, 1918.

feminine men and feminine women. But do we realize how active the law of compensation is in keeping the balance even here? Do we realize how strong the feminine element is in the typically masculine individual, and the masculine element in the typically feminine individual? Furthermore, do we realize how often one trait has developed from an attempt to cover up or compensate for the other, which may be considered undesirable by the individual?

It is interesting to find in the following one of the best descriptions of this dualism of the individual, by Ralph Waldo Emerson:

"An inevitable dualism bisects nature, so that each thing is a half, and suggests another thing to make it whole; as spirit, matter; man, woman; subjective, objective; in, out; upper, under; motion, rest; yea, nay. . . . Whilst the world is thus dual, so is every one of its parts. The entire system of things gets represented in every particle. There is somewhat that resembles the ebb and flow of the sea, day and night, man and women, in a single needle of the pine, in a kernel of corn, in each individual of every animal tribe. The reaction so grand in the elements is repeated within these small boundaries. . . . The same dualism underlies the nature and condition of man."

On the one hand we find the aggressive instincts—domination, pugnacity, heterosexuality, sadism, etc.; while on the other hand we find the more passive instincts—submission, passivity, self-sacrifice, homosexuality, masochism, etc. Every individual, in order to obtain and maintain the greatest mental health, should have a constructive outlet for the amount of both of these characteristics in his mental make-up, which may quite possibly be determined to a great extent by elements in his physical make-up. In other words, he should have a realm in which he is supreme and another in which he is dominated. It has often been said that the best soldier makes the best general, that in order to rule wisely one should have learned to obey. In order to obtain the greatest efficiency one must make a satisfactory adjustment with authority and at the same time learn to wield it.

In the treatment of a mental patient, an attempt is frequently made to find the source of his repressed emotion, the

point at which his energy reached an impasse, in order that some constructive expression may be given it. In the type of personality that is often found in what are called the benign affective psychoses, the adaptation to authority has often-times been only too well made; the patient likes it too well and is perhaps too dependent upon it. In such cases the clue to the establishment of equilibrium is in cultivating constructively the more aggressive traits, in finding a field in which the patient is interested in doing something well, which can later be developed into a realm in which his responsibility is complete, a mature field that will help balance the immaturity through which, perhaps, he has attempted unconstructively to rule.

This balance of the masculine and the feminine, the hetero- and the homosexual components, is very interestingly shown in the two main characters in *The Jest*, recently played in New York. Two characters are portrayed—the first a soldier with a mercenary's aggressiveness, cruel, sadistic, amusing himself by decorating with pictures made with the point of his dagger the body of his enemy before he throws him into the river; the second a delicate youth, an artist by nature and by profession, who loves the beautiful and is terrified by the brutality and aggressiveness of the first character. In the life of the first, the greatest influence is not that of a woman, as might be expected from the pureness of the heterosexual type, but instead it is the love of a man, his own brother, which he himself says transcends all else in his life and is the greatest thing he has ever known. Moreover, it is the fact that he has killed this man, his own brother, that finally makes him lose his reason, after he had withstood without flinching terrible privation and great suffering and even the loss of the woman he had loved. Furthermore, in the life of the artist, obviously of the feminine, homosexual type, the great dominating energy comes from the love for a woman. Thus we find two portraits of human nature that show, in spite of the apparent pureness of type, a duality of nature in which there is a combination of the masculine and the feminine—the intensity of the one characteristic well balancing the extensiveness of the other.

Another important field in the balance of the opposing

characterologic traits exists in the realm of the imagination and the appreciation of the difference between an imaginary and a real world. Adler has described¹ the attempts of every child to reach his goal of grown-upness and power, and the difficulty that the neurotic child has in keeping his ideal of strength and perfect manhood in its true relation to the real and to the imaginary world, and in reaching it by constructively climbing rather than by too hastily jumping. The child may expend much energy unconstructively in his effort to become manly and to overcome his feelings of inferiority in what Adler calls a masculine protest—his mistaken protestation of masculinity.

Burrow has described² two distinct types of personality: one creative and intuitive, inspirational and constructive in the field of art; the other exact, deductive, mathematical, with objective tendencies. Our aim should be, however, we believe, to establish a balance with elements of both types in each personality, not making the proportions of each equal, but recognizing in each individual the possibilities of development of both types of characteristics. In the following of ideals the energy must be constructive—it must arrive somewhere. Every bit of creative energy must find outlet throughout the life of the individual, expressing itself in giving birth to ideas in art and literature, in scientific research, in industrial organization, in inventions of all kinds, as well as in the propagation of the race. Little can be accomplished without this creative element in any field except where automatic plodding alone is required. But, on the other hand, a certain amount of the same humdrum plodding is necessary to utilize the creative element, whether on the stage, in the studio, in the library, in the laboratory, or in the industrial field. It is therefore equally necessary for each individual to develop to some extent his power to do routine work, to adjust himself to the discipline of continuous effort. It is the lack of balance in this respect, the failure to make use of opportunities when they arise and to make adequate adapta-

¹ Adler, Alfred. *The Neurotic Constitution*. New York: Moffat, Yard, and Company, 1917.

² Burrow, Trigant. Notes With Reference to Freud, Jung, and Adler. *Journal of Abnormal Psychology*, Vol. XII, p. 161, August, 1917.

tions, that often causes those who have elements of genius in their make-up to become what are recognized as failures in the world, to become psychoneurotic through inability to adjust and to utilize the energy that they have.

As has already been suggested, the study of opposing characterologic traits might be carried on indefinitely. Many characteristics that are desirable in themselves become undesirable in their exaggerated forms. For this reason it is always desirable to establish a certain balance between each characteristic and its opposite extreme. The following grades will suggest the need of some such balance: self-assertion and humility; suggestibility and stubbornness; concentration and distractibility; loquaciousness and taciturnity; deliberation and impetuosity; optimism and pessimism.

The balance between work and play has been recognized since the days when Jack was make a dull boy, and yet the race, as well as the individual, is suffering from a lack of it. Surely this balance should be kept true in the early life of the child, since the habits of responsibility as well as the joy of living must be cultivated in the first few years if our children are to be prepared to meet situations in adult life and are not to have recourse to the neuroses as a way out of facing reality.

Patrick, in his interesting book on the psychology of relaxation,¹ maintains that war is the outcome of the lack of balance in the development of the individual that prevents him from giving sufficient outlet to his primitive instincts and to his childlike desires. One of the most important of these, Patrick points out, is the play instinct, which has such an important rôle among primitive peoples and among the children of our own race, but which oftentimes has but a small place in the adult life of our present-day civilization. This author believes that if international law and universal arbitration prevent wars between nations, there will be but the more civil strife, until a better balance in the life of the individual is maintained. The emphasis laid on recreation during the war in keeping up the morale of the army is an example of the

¹ Patrick, G. T. W. *Psychology of Relaxation*. Boston: Houghton Mifflin Company, 1916.

recognition of the importance of this balance in what may be considered the most strenuous of occupations. The community work that is developing now in time of peace as an outgrowth of the war activities is evidence of the recognition of its value in offsetting the restlessness of the reconstruction period. Industry has already shown this recognition in its effort to obtain through scientific management the highest efficiency of its workers. The Gary school system is another evidence of the appreciation of the same need.

In seeking for opportunities for personality development, the greatest number of resources is necessary in order to be able to select those activities that will best hold the interest of the individual. The constructive qualities of such activities may be estimated by weighing their egocentric with their social values. It is interesting to see what emphasis is given to helpfulness to other people in the organizations of Girl and Boy Scouts, which furnish such valuable outlets for the utilization of energy. Every trend in education that has as its aim the socialization of the individual is carrying out in the most desirable way the principles of mental hygiene and is a step toward the balance that is so necessary for mental poise.

To summarize what we have tried to express: If the equivalent of what has already been accomplished in other fields of preventive medicine is to be accomplished in the field of mental hygiene, and a sounder mental race is to be built up, the growth of our children must be watched, that a balance may be maintained in their personality development. Such a foundation should make for the most constructive expression of the child's energy and help him to utilize every opportunity to face reality and make adaptations that will be to his advantage. Above all, it will aid him in directing his egotistic energy into fields that will bear fruit for society at the same time that it is yielding individual returns. In order to accomplish this, he must learn to make assets out of liabilities and to utilize a little of the philosophy that has been handed down by poets and philosophers as well as by psychologists and psychiatrists. There is nothing particularly new in many of the ideas incorporated in this training, but society has been slow in making universal use of them and in realiz-

ing the true relation between personality development and mental disease.

It may be interesting to see what has already been written in other realms besides that of psychiatry on the desirability of facing reality. It is refreshing to remember that Browning would have us

"We come each rebuff that turns earth's smoothness rough,
Each sting that bids nor sit nor stand, but go!
Be our joys three parts pain!
Strive, and hold cheap the strain;
Learn, nor account the pang; dare, never grudge the throe!"

And also that Emerson says: "Our strength grows out of our weakness. Not until we are pricked and stung and sorely shot at awakens the indignation which arms itself with secret forces. A great man is always willing to be little. Whilst he sits on the cushion of advantages he goes to sleep. When he is pushed, tormented, defeated, he has a chance to learn something; he has been out on his wits, on his manhood, he has gained facts; learns his ignorance; is cured of the insanity of conceit; has got moderation and real skill. The wise man always throws himself on the side of his assailants. It is more his interest than it is theirs to find his weak point. The wound cicatrizes and falls off from him, like a dead skin; and when they would triumph, lo, he has passed on invulnerable!"

PUBLIC-SCHOOL CLINICS IN CONNECTION WITH A STATE SCHOOL FOR THE FEEBLEMINDED

EDITH E. WOODILL, M.D.

Senior Assistant Physician, Massachusetts School for the Feeble-minded

A N out-patient clinic has been held weekly at the Massachusetts School for the Feeble-minded, at Waverley, Massachusetts, since 1891.

Five years ago, at the urgent request of the public-school authorities, the work was extended, and monthly mental clinics were established in the northern, central, and southern parts of eastern Massachusetts, in the cities of Haverhill, Worcester, Fall River, and New Bedford. Special clinics have been held also at Newton, Taunton, Hyannis, and Falmouth, to examine selected groups of school children.

Only the clinics held in connection with the public schools will be reported on here. The cases seen at the clinics held at Waverley differ somewhat in character from those seen at the school clinics. The latter are mostly children of school age, without special character defect, selected for examination because of backwardness in the grades or truancy, while a larger number of cases presented at the institution clinic are border-line cases that have become problems on account of social or moral delinquencies.

The organization and the method of conducting these school clinics are similar to those used at the clinic at Waverley, and the methods of diagnosis are the same.

The staff of examiners visits the towns above mentioned monthly. The staff of this traveling clinic consists of:

1. A psychiatrist, who directs the clinic, gives the physical examinations, makes the final diagnoses, and interviews and advises the parents and friends;
2. A psychologist, who does the mental testing, interprets the findings, and notes special defects;
3. A teacher, who makes a school examination in reading, writing, arithmetic, spelling, language, and geography, to determine the actual

grade work the child is able to do, and who asks the questions to determine the child's practical knowledge;

4. A school nurse or other competent person, who looks after the children to be examined, transfers the children from one examination to another, and assembles the records.

The psychiatrist, psychologist, and teacher are members of the staff of the Massachusetts School for the Feeble-minded, and they are assisted by members of the staff of the state hospitals at Taunton and Worcester. The nurse is furnished by the school department of the city in which the clinic is held.

In obtaining the information necessary to make diagnoses, the Waverley "Ten Fields of Inquiry," described in Dr. Fernald's *Standardized Fields of Inquiry in the Diagnosis of the Higher Grades of Mental Defect*, are used.

These are:

1. Physical examination
2. Family history
3. Personal and developmental history
4. School progress
5. Examination in school work
6. Practical knowledge and general information
7. Social history
8. Economic efficiency
9. Moral reactions
10. Psychological examination.

The family history, the personal and developmental history, the history of school progress, the social history, the report on economic efficiency, and the history of moral reactions are secured in advance by a social worker, a school nurse, or some other person who is qualified to obtain the required facts without antagonizing the parents and who can make them feel the necessity of supplying such information in order that their children may be better understood and helped. This information is highly confidential. Much tact is required, and this work should be done only by experienced people; otherwise it is either impossible to obtain the facts or their purpose is misconstrued.

In a school clinic it is not always possible to secure full histories, especially family histories and personal and developmental histories, but the most important facts can usually be

obtained. In the case of the family history, it is possible to get information about the immediate family, as it is often a matter of general knowledge whether or not the mother and father, brothers and sisters have been or are insane or are considered up to the average in mentality.

Satisfactory personal and developmental histories are difficult to secure, especially from non-English-speaking people. Here again, however, many important facts can be elicited, such as personal habits, age at which the child began to walk, talk, and cut his teeth, etc., history of convulsions, etc.

The economic history is not of great importance in the case of younger children.

The physical examination, the examination in school work, the examination as to practical knowledge, and the psychometric measurements are made by the staff at the monthly clinics.

Complete records of every case examined are kept by the Massachusetts School for the Feeble-minded, by the state hospital that assists at the clinic, and by the school department of the city where the clinic is held, a permanent record thus being placed on file for possible future reference.

The splendid coöperation of the public-school departments in the various cities has contributed greatly to the success of these clinics. Without this coöperation, it would be impossible to derive the maximum benefit from a clinic of this kind, or even to continue it. In these clinics, the school departments have taken the local responsibility, provided a place for holding the clinic—usually in the school administration department or in some centrally located school—made the primary selection of cases to be examined, attended to securing the histories, notified the parents and friends, and supervised the carrying out of the advice given, such as:

- Place in special class
- Place in open-air school
- Have Wassermann test
- Change teachers
- Change environment
- Place in the country
- Have adenoids and tonsils attended to, etc.

The school authorities have been most appreciative of the

help of the clinic. Recently one of the assistant superintendents of schools, when asked of how much value she felt the school clinics had been to the school departments, answered, "Of inestimable value, and you can doubly underscore that."

Up to February, 1920, the number of examinations made in these various school clinics was 1,155:

Male.	774
Female.	381
Total.	1,155

Of these 1,155 cases, 1,070 were first visits, 81 were second visits, and 4 were third visits.

Of the 1,070 children examined, the following general diagnoses were made:

	Total	Male	Female
Feeble-minded.	783	522	261
Not feeble-minded.	146	101	45
Possible psychosis.	6	5	1
Diagnosis deferred.	104	77	27
No diagnosis on account of insufficient records.	31	18	13

It takes on an average about one hour to examine a case thoroughly.

While the majority of the cases diagnosed as feeble-minded were of the ordinary types of mental defect—idiot, imbecile, or moron—in these groups many special types have been presented:

Epileptic.	22
Cretin.	4
Spastic paralysis.	4
Mongolians.	7
Hydrocephalic.	4
Microcephalic.	6
Chronic lenticular degeneration with mental deterioration*.	6
Pseudo-muscular hypertrophy.	2
Congenital syphilis.	2

* For an account of these cases see A Report of Three Cases of Chronic Progressive Lenticular Degeneration with Mental Deterioration. By John Jenks Thomas. *The Journal of Nervous and Mental Disease*, Vol. XLVII, pp. 321-332, November, 1917.

In making diagnoses of the mentality of the younger children, it has been necessary to use some caution. If there has

been any doubt as to what the ultimate development would be, diagnoses have been deferred and the advice given that the child be returned in six months or one year for reëxamination.

To illustrate, a Swedish boy was brought to one of the clinics on account of his extreme backwardness in school. He was eight and a half years of age, had attended school for two years, and was unable to do the first-grade work. Psychological tests showed his intelligence quotient to be 65. However, his practical knowledge and performance tests were nearly up to age. He spoke English, but heard only Swedish spoken in his home. In his case it was thought best to defer the diagnosis and place him in an ungraded class for special help. In six months he was returned for reëxamination. His I. Q. was then 88. He had learned to read well in the Third Reader, could do third-grade arithmetic, and was able to go into the third grade and keep up with its requirements. Apparently this boy had been hampered by language difficulty or inability to think in the English language, and the special class gave him just the help he needed.

On the other hand, one boy nine and a half years of age, who had an I. Q. of 85, was admitted to the Massachusetts School for the Feebleminded. The diagnosis of mental defect in his case was made from the evidence presented of mental defect in the family, poor school progress with good school advantages, and inability to adjust himself socially. He has been at the school for four years. He now has an I. Q. of 67, showing that he reached his maximum development at an early age.

While these are exceptional cases, they illustrate some of the pitfalls in diagnosing the younger children.

One fond mother brought her three children for examination, saying that she was much worried about them. She had been reading a great deal about feeble-mindedness and delinquency, and she felt sure that there was some serious defect in her children; they behaved so badly at times. Much to her relief, all the children were found to be normal mentally.

A middle-aged kindergarten teacher came in with one of her pupils to have him examined. She had made a diagnosis in advance. She informed us that she knew the child was feeble-minded; he would not keep his paper straight on his

desk, he never answered questions or took part in the games, and he was generally stupid. After talking with the child for a few minutes, to become acquainted, one of the examiners found that he was interested in Charlie Chaplin. He described accurately a moving picture he had seen, much to the amazement of his teacher, who said she had never heard him talk so much before. Mental tests showed the child to be up to normal. Needless to say, a change of teachers was recommended, and upon last report he was keeping up with his grade. In fact, this new teacher said that he was one of the best boys in her class. This was simply a case of maladjustment.

While these clinics were established primarily in connection with the public schools, cases for examination from any source have been welcomed. Children and adults have been sent in by the courts, the Children's Aid Society, the Children's Friend Society, the Society for the Prevention of Cruelty to Children, the Door of Hope, the Commission for the Blind, boards of charity, private individuals, clergymen, parents, and friends.

A diagnosis is of no great value to the people concerned in caring for a child unless some remedy or help can be suggested. The giving of advice is one of the most important functions of the clinic. While every case must be considered individually, we have given such general advice as the following, varying it according to the age, sex, and mentality of the patient:

For the idiotic class, suggestions have been given in regard to active and passive exercise, aids in learning to walk—such as the baby jumper, walking stool—the kind of toys to use, etc. The importance of regular habit training has been emphasized. Information has been given as to how much to expect in the way of mental development, and the impossibility of school training for this type of child has been explained. The possibility of institution care if the burden should become too great in the home has been discussed.

For the imbecile type, we have dwelt upon the futility of trying to teach the boy or girl school work beyond his or her mental age and have advised that the training should be along the lines of industrial work, graded to suit the mental and

physical age—elementary handwork, sense training, etc. for the younger children; for the older children, woodwork, weaving, learning to handle tools, work in the gardens, sewing, simple household tasks, knitting, crocheting, etc. We have further advised that all of this training could best be obtained in the special classes or if necessary in an institution.

For the moron, we have emphasized the importance of special-class training or institution training, according to whether they were "good morons" or "bad morons" and according to home conditions, dwelling upon the fact that, if right habits of living and habits of industry are acquired during the adolescent period, it is probable that the boy or girl will succeed later.

Parents are always urged to accompany the children to the clinic. When interviewed, they are apt to say that the reason that their child is not progressing in school is because the teacher does not give him or her sufficient attention, or that she is not a capable teacher, or that she has taken a personal dislike to the child. When it is demonstrated that the child has reached a certain physical age, but that the mental age has not kept pace with the physical age, the parents are then asked to compare the feeble-minded child with the normal members of the family. They will finally acknowledge that they have known for some time that this child was backward, but that they had not thought of it in this way until it was explained to them. A chart which graphically illustrates the fact of the child's backwardness is very useful in demonstrating to the parents. After acknowledging the child's condition, their minds seem to be relieved; their confidence is gained, and they are willing to coöperate in any way that may be suggested. If institution care is advised, a description of the institution training is given and an invitation is extended to visit the institution if possible.

In some cases, parents are making themselves poor trying this treatment and that treatment, in the hope that some "cure" may be found. It is a difficult task to tell them that their hope is vain, but, by telling them this, one may prevent the useless expenditure of hundreds of dollars that can be ill-spared from the rest of the family.

In addition to advice given to the parents, courts have been

advised as to the responsibility of delinquent boys and girls for their delinquency. Also, school authorities have been advised in regard to giving work cards. In cases of feeble-minded boys and girls fourteen, fifteen, or sixteen years of age, if the clinic will say that they have reached their maximum development in school work, and they have attended school faithfully for seven years, work cards are allowed. A boy or girl who is strong and healthy and well developed physically, and who has received all the benefit possible from special-class training, is better off in some well-supervised employment; more of their time is occupied and they have less opportunity to acquire habits of idleness and become delinquent. In this way, too, they become economic assets to the family.

Of the 783 cases diagnosed as feeble-minded, institution care was advised in 220 cases. One hundred and two cases have been admitted to the schools for feeble-minded—Wrentham and Waverley. This means that institution care has been considered necessary in 28 per cent of the cases found to be feeble-minded and gives some idea of the number of feeble-minded who must be cared for at home.

The functions, then, of a school clinic are:

1. To benefit the child
2. To serve the schools
3. To serve the community.

The clinic benefits the child by helping the teacher to understand the mentality of the feeble-minded pupil and the kind of training he or she needs.

It serves the schools

1. By selecting the children for the special classes, thus relieving the grade teachers of the burden of the feeble-minded in their classes;
2. By differentiating the children who are retarded through sickness, poor school attendance, frequent changing of schools, physical defects, etc., but who have normal native ability, from those who are feeble-minded;
3. By taking out of the school and the special classes the feeble-minded who are not capable of making more progress;
4. By preventing the special classes from becoming filled up with disciplinary problems, instead of with those who properly belong there;
5. By examining truants and differentiating those who are responsible from those who are truant on account of mental defect and consequent lack of interest in the grade work;

6. By advising home or institution care for those who are of too low mentality to profit by special-class training (I. Q. below 20-25);
7. By showing the need for special classes and promoting better feeling in regard to them.

The school clinic serves the community

1. By advising and instructing parents as to home care and supervision;
2. By examining any case of suspected mental defect for courts, social agencies, physicians, or from any source whatsoever;
3. By helping to take out of the community the feeble-minded who need institution protection and training and who may become a menace to the community or be menaced by conditions in the community;
4. By assisting in making a census of the feeble-minded in the community for future reference.

With the exception of a few idiots, all feeble-minded children pass through the public schools at some time. If systematic examination of all the retarded children in the public schools could be made, in time there would be a complete registration and census of all the feeble-minded.

Already Massachusetts has passed a law requiring a mental examination of all children three years retarded. Partly on this account, the need for more school clinics has become so pressing that the work has been broadened and a traveling clinic is now being organized by the Department of Mental Diseases.

The staff of experienced examiners will spend their entire time in this work. They will visit various sections of the state, in turn, making surveys of the schools in these sections. This is part of a constructive program for better care of the feeble-minded of the entire state.

The benefit of a school clinic is not all on the side of the schools and the community. It is a distinct advantage to an institution staff to come in contact with these school problems and this number of undiagnosed cases. The institutions and the schools are brought in closer harmony and, working together, they can give the feeble-minded the care and training that are their just due, because they have come into this world seriously handicapped.

THE MENTAL HYGIENE REQUIREMENTS OF A COMMUNITY *

SUGGESTIONS BASED UPON A PERSONAL SURVEY

THOMAS H. HAINES, M.D.

*Field Consultant, The National Committee for Mental Hygiene,
Jackson, Mississippi.*

MENTAL hygiene is one of our great public-health interests, but unlike other matters of public health, it is not represented as yet by departments of state or of the national government. Mental diseases and mental deficiency are less clearly understood than are smallpox and tuberculosis. There is need for continuous work on the part of the apostles of mental hygiene. In the nineteenth century, Dorothea Lynde Dix, by her appearances in behalf of the mentally ill before legislatures, established many state hospitals. These hospitals in many states are now sadly in need of improvements. The scope of their activities needs to be widened. The patients in some of these hospitals are actually in need of treatment. Furthermore there are in some states many mentally diseased persons in jails and almshouses who should be in hospitals. And the continual complication of many social problems demands the segregation and special training of feeble-minded criminals, prostitutes, and paupers.

When an appeal for advice comes from a community in which these conditions prevail, it comes from the enlightened few who have obtained a vision of the better things possible for the community. They see the need of real treatment for those who are mentally ill—and for all who are mentally ill. They see the need of diagnosing mental conditions in order to get at the fundamental difficulty of many problems of delinquency and dependency. They see the need for thorough-going, scientific work in the way of preventive medicine in the field of mental hygiene.

* Read before the Mental Hygiene Division of the National Conference of Social Work at New Orleans, April 21, 1920.

The people generally are not aware of the cruelty and injustice done to individuals with mental disease in jails, almshouses, and some hospitals. The people generally do not realize that a saving could be effected, not only in human happiness, but in human efficiency, by scientific administration in the fields of mental diseases and mental deficiency. The people generally do not know that much crime is committed by persons with the minds of children. They do not know how rapidly feeble-minded criminals and prostitutes increase. They do not realize how feeble-minded children impede the work of education and of child care. They do not know how the clinical aid of psychiatrists would simplify many court and charity problems. They do not know that much expense could be saved by proper clinical facilities.

For the enlightenment of the many, for the purpose of getting necessary legislation and funds, and in order to cultivate a public sentiment that will enforce such legislation, the community requires two things. It is first necessary to ascertain facts in the community itself, in order to demonstrate on the ground the saving to taxpayers and the conservation of citizenship which it is possible to make by making effective proper mental-hygiene measures. This ascertainment of facts and setting forth of a plan for improvement we call survey work.

It is found very necessary to follow up the survey work with educational work. Just as every industry has to develop selling facilities in order to make a market for production, so is it necessary to sell the idea of economy and conservation. A proper dissemination of the facts obtained in the survey will sell the plan and effect legislation. It is necessary to proceed from the nucleus of informed citizenship from which the invitation came and to organize in ever-widening circles a popular demand for the enforcement of the principles of mental hygiene in the community.

Having been in the field in response to some of these calls from communities, I have been asked to state some of the conditions as I find them. First, let us begin with the treatment of the patients in state hospitals. Here, if anywhere in the whole community, we should expect to find the laws of mental health observed. Many of these hospitals were established

by legislatures in Southern states in answer to the urgent solicitations of Dorothea Dix. It is a sad commentary upon the inherent conservatism of the human race to find on visiting some of these hospitals how little there is in their present organization to justify the high aims with which they started. In one of these Gulf states I know of a hospital with a population of about 1,600 patients. The staff of this hospital is composed of the superintendent and three assistants. This is a totally inadequate number of medical men to do the work required, but a more important consideration in this connection is that no one of these four physicians has ever had training in the field of psychiatry. They know nothing more of the pathology of the human mind, or even of normal psychology, than they have been able to pick up in the ordinary avenues of human intercourse.

There is no classification of patients, dividing those who need active treatment from those whose demand is only custody. There is no scientific case study, and case histories, as a matter of course, lack the contributions that could be made by adequate psychiatric studies of the patients. There is no equipment for the employment of patients as a means of restoring their minds to normal efficiency. Hydrotherapeutic apparatus, installed years ago, has not been used for a long time. There is no real treatment. Of course some patients do recover. I was recently told of the recovery of a man to whose mother a physician told me he had written a hundred letters stating that there was no possible chance of recovery. I judge from the meager description given that the case was one of manic-depressive insanity complicated by drug addiction. It may have been a case in which a better trained psychiatrist would have mistaken the diagnosis and the prognosis; but it is clear that the lack of psychiatric training in the staff of such a hospital is utterly without excuse, and the community that allows its mentally diseased patients to be deprived of the benefits of such training is in need of an awakening. It needs to be shown that it is incurring great expense in suffering countless cases of mental disease which could be prevented by the application of knowledge readily available.

In this hospital the patients are crowded—so crowded that when I telephoned from an outlying county, where I had found

an actively hallucinated patient in jail, to ask if she could not be admitted, I was informed by one of the physicians that the patient was really as well off in jail as she could be in their crowded wards. As far as the question of space was concerned, his answer was correct, but of course the patient would have been better off under the observation of a physician than in the care of the sheriff, even though the physician had 400 other patients to look after and was not himself a psychiatrist.

The physician's statement is an indication of the complete lack of applied psychiatry in this state, even in a hospital built and maintained for the purpose of giving expert aid to sufferers from mental disease.

In the community which this hospital serves, examination by a physician before commitment is not required—in fact, there is no examination of the patient whatsoever. The responsibility for commitment rests with the chancellor or chancery clerk, who calls together six men, professional jury-men hanging about the courthouse for such service, who usually agree with the view of the clerk. The patient, after lying in jail for some time, is conveyed by the sheriff to the hospital. Recently many negroes were lying in jail because the hospital was too crowded to receive them.

Many scores of feeble-minded complicate the work of this hospital for mental disease because the community has no institution for the proper care and training of the feeble-minded.

In the New Orleans Hospital for Mental Diseases, I find many patients that should have been received months since in the state hospital. They have been allowed to remain on account of the crowded condition of the state hospital. The City Hospital for Mental Diseases is designed to be a psychopathic hospital, a receiving station for the city in which many acute cases might be recovered and the formality of commitment avoided. The majority of patients whose illness promises to continue for several weeks or months should be transferred and treated at the state hospital. The physician in charge informed me that there are upwards of 500 patients in the city of New Orleans who are in need of treatment at the state hospital or at an institution for the feeble-minded, but who have been discharged from the city institution simply

because of lack of capacity both at the city institution and at the state hospital.

In some of these Gulf states there are many patients with mental disease held in jails and almshouses. In one state I have seen a negro woman in a cage-room in a jail with twelve men. In another jail an actively excited negro woman had torn out the water fixtures in her cell, had yelled all night long to the discomfiture of the neighbors, and was making erotic exhibitions to men in a neighboring cell. In another jail a white woman was properly confined in a clean room in isolation from other occupants of the jail, but her sole attendant was the jailor, a man. Another negro woman, who would not keep her clothing on, was in constant view of two white men and a negro. In a Louisiana parish jail two men work in the kitchen where women of the jail, three of them insane, are confined and are practically alone with these women all day long. Another parish jail confined one negro woman, two negro men, and one white man practically in the same room. In another parish a woman mentally ill was lodged in a cell plainly in view of men in other cells and was making obscene invitations to them. In most of the parish jails where female insane are confined there are no female attendants, and when these inmates are bathed, the jailor himself sees to it.

Jailors of county and parish jails have no comprehension of the proper management of the mentally diseased. One told the visitor that at first he thought the crazy were very funny. One jailor had recently found the floor of two rooms of the jail torn up and the boards broken into kindling wood by an insane inmate. He heard the noise during the night, but he was afraid to go to the man. In two parish jails violently insane negroes were regularly roped and strapped every day or two and thrown into a bath tub while the cell was washed out. In one of these cases an insane woman was the daily witness of this procedure as well as of an insane man who persistently refused to wear clothing. The strap and the blackjack are freely used for the discipline of insane inmates in jails.

In the parish and county jails of Louisiana and Mississippi, the patients with mental disease are frequently found in cramped quarters and without furniture. In one parish jail, five negro women, three ill of mental disease, were found con-

fined in a room seven by ten feet. In this room were also a bath tub and a commode. There were no chairs in the room, but there was one couch. At night, the visitor was informed, this was carried out, and the five women slept upon the concrete floor without pads or mattresses. The room was indescribably dirty. Similar conditions have existed in the recent past in more than one Mississippi county jail. One patient who had been in jail three months and was recovering had had but one bath in that time.

There is no real treatment of the mentally sick in jails even when the coroner takes a hand. In one instance an epileptic boy in a parish jail who had been confined eight months was kept continuously doped by the coroner's order, "to keep him from raising the devil," as the jailor said. In another parish jail the regular practice is to turn the hose on those who as a result of their illness are boisterous. I have seen many patients afflicted with dementia praecox of the depressive type who, because of their mental condition, refused to eat or speak confined in jail for weeks, although the jail of course had no facilities for feeding them and securing other necessary health facilities for them.

In one of the state hospitals in Mississippi, there are upwards of 130 feeble-minded persons. Large numbers of these are children. One boy of sixteen, with a mentality of eight years, has been in the hospital, confined in a ward, for over a year. He is a half orphan and was in the care of a child-placing agency, but the agency could neither place nor keep him. He persisted in running away. Many such children are thus improperly confined without any opportunity for recreation or training. The older feeble-minded, not being properly trained to work, are no more nearly self-supporting than are the other patients in the hospital.

In all these Gulf states, there are feeble-minded children in orphanages. One Alabama orphanage is reported to have three females, thirty years of age, who are retained simply because it would be heartless to turn them out, as they have no ability to care for themselves. In two orphanages in Mississippi, with total populations of about 270, I found, in a thoroughgoing mental survey, over 30 children who are unquestionably institution cases because of their meager mental

equipment. There are 1,500 children in orphanages in New Orleans. One of the largest of these orphanages (250 boys) is being surveyed at the present time. Dr. Maud Loeber and I have found up to date about 20 per cent of the boys so poorly equipped in intelligence that we have no reasonable doubt that they must be made permanent wards of the state in order to keep them out of danger and to prevent them from doing harm to society, either as parasitic dependents or as offenders.

The populations of industrial schools and reformatories present numerous examples of feeble-minded persons. In the four Alabama industrial schools, Dr. W. D. Partlow and I found last year 129 feeble-minded children in a total population of 654, or about 20 per cent. At the Mississippi Industrial and Training School, with a population of 128 children in October, 1919, I found 2 girls and 8 boys feeble-minded and 5 others of border-line intelligence. In February, 1920, at the White Waifs' Home in New Orleans, with a population of 64 boys, I found 13 feeble-minded and 4 of border-line intelligence. Over 20 per cent of these boys are so defective that there is no reasonable chance for them to go straight without guardianship of some sort, and 6 per cent more are of such doubtful equipment that they need guardianship until they demonstrate by their behavior that they can manage successfully for themselves.

In the public schools of Jackson, Mississippi, in a mental survey carried out by group intelligence tests, followed up by Stanford-Binet examinations of all low-scoring individuals, I found 15 feeble-minded children in a school attendance of 1,555 white children in the grades. Eight other feeble-minded white persons of school age were found in the city.

Feeble-minded are found in county and parish jails wherever any considerable numbers of such populations are surveyed. Forty-three county jails of Mississippi had aggregate populations of 255 at the times visited. Fifty-three of these prisoners had been committed to hospitals, but remained in jail because of the crowded condition of the hospitals. Besides these, eight others were found to be mentally ill, though they had not been so adjudged by juries. Forty-four of the prisoners were feeble-minded. This number is 23 per

cent of the total proper jail populations visited (not committed as insane). Two of these were murderers and several were guilty of most beastly sex offenses. Such facts ought to awaken any community to the necessity of state provision for controlling those who cannot be expected to control themselves.

I have visited 38 county poor farms in Mississippi, with aggregate populations of 385 at the times of visits. Of these 385 persons, 141—well over one-third of the total number—were found to be paupers because they are feeble-minded. Many of these had been born at the poor farms, some of incestuous relations between brothers and sisters. Many others have been married and have brought forth children at the poor farm. Still others, of course, have borne illegitimate feeble-minded children while dependent upon the county for food and shelter. One of these, a middle-aged white woman, has borne many children, some white and some black. She is able-bodied, but in mentality ranges about six years. One poor farm shelters an old woman from whom have been taken a daughter and a granddaughter, both illegitimate and feeble-minded, as she herself is. In this same poor farm are two sisters and a brother, paralyzed and feeble-minded syphilitics. Another poor farm has twin sisters and a brother, all low-grade imbeciles, representatives of a family of eight feeble-minded children born to the same parents.

In August, 1919, 101 white male convicts were examined at the Mississippi State Penitentiary. After thoroughgoing mental examinations, I rated 19 of these men as feeble-minded. They ranged in mental age from 5.2 to 9.5 years. Others, even though of less than ten years mentality, I rated as of borderline intelligence. Clearly 20 per cent of these white men have not the intelligence upon which reformatory treatment can be expected to have the desired salutary effect.

Over 600 negro convicts, surveyed by means of a group intelligence test, and their performances compared with the performances of negro children in the public schools, present results which warrant us in classing about 40 per cent of them as feeble-minded. Such a fact certainly gives pause to any sociologist considering the economy and efficiency of our present method of reformatory treatment. These convicts are

most profitably employed at cotton raising. But they are pardoned and released just as if they were reformed. Such facts as have been obtained in these states of Alabama, Mississippi, and Louisiana clearly indicate the need of a wide dissemination of the facts themselves in order to arrest the attention of thinking people and to arouse thought in regard to social matters in the unthinking. Such facts can and should be used for the further organization of that sentiment in the community and the state which led to the invitation for the extension of aid to them in the realm of mental health. When a state society for mental hygiene exists, such facts as these should be utilized in an active propaganda for extension of membership and a widening of influence for further educational work.

It is most important to secure this community organization in order to effect legislation. Members of a legislature naturally listen to their constituents with a different degree and kind of attention from that which they give to some one from another state, no matter how expert he may be in the field represented. For securing appropriations and needed changes in statutes, it is, therefore, most important to have local apostles burning with zeal for the organization of social agencies for the diagnosis, treatment, and prevention of mental disease and deficiency. Existing organizations can often be utilized for this purpose. The institutions improperly burdened with the feeble-minded and the mentally ill will themselves ardently advocate proper provision for these classes. The federations of women's clubs, too, generally have a keen appreciation of the waste, both of taxpayers' money and of citizenship, caused by the present unscientific and poorly financed methods of administration—or lack of administration—for the mentally sick and the feeble-minded. They also appreciate readily the great field offered for preventive work and advocate proper administration for these classes.

To such agents it is possible to demonstrate that directly and indirectly the state is spending more money on the criminal insane and those dependent because of mental illness—and accomplishing nothing in the way of prevention or constructive work thereby—than would be required to treat the mentally ill adequately with a certain return assured and to

segregate and train the feeble-minded, thus obtaining the benefits of their productive work and avoiding their parasitic progeny. It is easy to show such persons that by preventing a man from acquiring syphilis in middle life and dying of paralysis after ten years of hospital care, they can save not only the cost of the ten years' care, but also his productive power for thirty years. By convincing these leaders in the community of the economies to be effected by rational preventive work, one becomes indirectly an educator of the lawmakers themselves.

In a state where one can even to-day hear on the floor of the House of Representatives the statement that state care of the feeble-minded is not only futile, because no one can successfully diagnose mental deficiency, but that, even if practicable, it would be unsafe because it is an unwarrantable interference with personal liberty and an undemocratic drift toward socialism, there is clearly need for such educational work. When one hears a representative maintain that there are driveling idiots in the best of families and that, therefore, feeble-mindedness is so all-pervasive that it is a hopeless task to undertake preventive work in this field—furthermore, that such a world leader as Abraham Lincoln would probably have been diagnosed as feeble-minded when a boy—one is almost overwhelmed with the density of ignorance prevailing amongst lawmakers.

In a state where patients are crowded together in the state hospital so that it is no better a place for the mentally ill than a jail, according to the statement of one of the physicians of the hospital, I have heard a state senator arguing against an insanity bill offered by request by a group of experts and boldly maintaining that after a thoroughgoing investigation of the care of the insane of other states, a commission recently reported that the insane in his state were cared for quite as well as in any other state in the Union.

In such audiences one is again impressed with the magnitude of the community requirements in mental hygiene. The fields are indeed white unto the harvest. There is a tremendous need for the dissemination of light in dark places. The people need to be shown how to treat the mentally ill and the feeble-minded, as well as how to economize in the management

of social problems and to conserve and improve productive citizenship. One sees that the requirements of the community are by no means limited to getting good insanity laws and good mental-deficiency laws upon statute books and adequate appropriations for the care of these classes. One sees that really the first requirement is the education and information of the people along the lines of constructive sociology. Good laws cannot amount to much in communities where there are such ignorant and demagogic representatives and senators.

One of the greatest aids in this field of constructive educational work is a psychiatric clinic. The planting of such a social-service station in a community will serve as a perennial demonstration of the need of psychiatric service in the solution of social problems as they come to police officers, courts, charity organizations, schools, and child-helping institutions. In communities where persons like the representatives and the senator above referred to exist in such large numbers that it is impossible to secure proper institutions properly furnished with funds to deal with cases involving mental pathology—with questions of mental hygiene at the root of social difficulties—it is important to establish such clinics as continual demonstrators of the need for these state facilities. Such clinics, properly organized by private charity, will soon demonstrate state facilities to be public necessities. They will also demonstrate to the doubting Thomases the real economy of community care of all problems of mental disease. They will demonstrate the wisdom of preventive measures in this field as well as in public-health matters generally.

Community requirements in mental-hygiene matters are, then:

1. A survey of important elements in the management or mismanagement of mental-hygiene problems;
2. Organization of the enlightened for the extension of their sphere of influence;
3. The establishment of local clinics for the purpose of rendering first aid in mental-hygiene problems as they occur and for the purpose of continuing the demonstration of the need of real constructive work in this field of public health in order to diminish the incidence of these problems in the future;

4. Aid in securing such appropriations and statutory provisions as are possible for state administration of care directed to the recovery of mentally afflicted patients, to the prevention of nervous and mental diseases, and to the diminution of the birth rate of the mentally defective.

These requirements cannot be set forth in a logical or chronological order. Each is a part of the others. All these lines of activity must be carried on simultaneously. Real improvement in the administration of mental-hygiene matters in a community can proceed only from an enlightened public sentiment which understands the reasons therefor.

THE INDUSTRIAL COST OF THE PSYCHOPATHIC EMPLOYEE *

MARGARET J. POWERS

Social Service Director, State Charities Aid Association, New York

IN these days when production is a factor in the many problems that beset society, I wish to call attention to a source of waste in industry through psychopathic individuals. In pre-war days manufacturers were turning their attention to a number of systems the purpose of which was to increase the efficiency of their factories. They found that the penalty incurred in allowing any portion of their machinery to remain idle, and, in so doing, deteriorate, was lessened production and thus increased cost. This increased expenditure not infrequently was so heavy as to spell failure for a number of concerns.

In spite of the amount of time, money, and energy employed in this efficiency campaign, the results were proportionately meager, largely because the same attention that was given to capital was not so systematically applied to labor. I have often wondered what became of the man Schmidt, whose labor output, Taylor, the father of the efficiency movement, raised from something like two to twelve tons of pig iron a day. Nobody seems to have made a scientific study of the effect of the efficiency system on the laborer, although labor's resentment against it is outspoken. It took such an event as the World War to bring to men's notice, not alone the fact that they had been ignoring the idler and eliminating the inefficient, but also that the product even of these misfits was of value. But there is also a social aspect of this problem—namely, the reaction of the idle or inefficient worker upon the community in which he lives; and it was this aspect that was ignored in a policy that forced the idler back onto a community where he had to be supported either directly or indirectly by the workers.

* Read before the Mental Hygiene Division of the National Conference of Social Work, New Orleans, April 19, 1920.

The war's demand upon men made it necessary to supplement the efficiency campaign by another that trained the inefficient and forced the idler to work. At present there is such a shortage of labor that it seems unlikely that unemployment or competition in jobs will arise for years, but rather that there must soon be a redistribution of the available labor supply.

In helping psychopathic individuals towards social adjustment, the mental-hygiene worker is frequently confronted with a very difficult problem in finding work that is consistent with their abilities and their personal peculiarities. Not infrequently the individual's rehabilitation rests upon intelligent help in his vocation, not alone in the finding of employment, but in the way of encouragement in keeping at it. It has frequently been our experience that if the mental-hygiene worker does not explain to an employment manager the peculiarities of her patient, she is accused of insincerity. If she does explain, the chances are that the man will either be refused employment or else discharged as hopeless at his first manifestation of difficulty. Instead of giving him more than an average chance, he is often given less. So long as employment managers are ignorant of how to deal understandingly with the psychopathic employee, the mental-hygiene worker prefers to run the risk of a charge of unfairness rather than put into the employment manager's hands a tool that he does not know how to use and often misuses. An employment agent recently telephoned my office regarding a patient whom I had sent to her, saying, "I couldn't bother with a person like that. He got on my nerves." The irritating factor in the case of this patient proved to be the frequency with which he returned to ask for a change of employment.

By the term psychopathic employee, we mean an individual whose vocational failures can be largely attributed to defects in his personality, usually due to bad emotional methods of adjusting himself to his environment. Dr. Adler,¹ after a study of one hundred such cases, reported that "the treatment of their unemployment must be guided by a knowledge of their tendencies, so that environment, on the one hand, can be suit-

¹ *Unemployment and Personality—A Study of Psychopathic Cases.* By Herman M. Adler. *MENTAL HYGIENE*, Vol. I, pp. 16-24, January, 1917.

ably influenced or chosen for them, and that the individuals themselves may be trained to counteract their impulses to some extent." The following cases have come to my personal attention and have been selected as examples largely because of the prominence of their difficulties in vocational adjustment. Their social inadequacies manifested themselves in such difficulties as army S. C. D.¹ begging, estrangement from relatives, excessive borrowing, friendlessness, grafting, sexual difficulties, improvidence, irregular employment, panhandling, quarrelsomeness, vagrancy, and suicidal threats.

Case 1.—Patient is an American, twenty-six years old, single. Diagnosis—constitutional inferiority. He left school after completing the seventh grade, and after six months at a business college, left home to go to work. His first position was that of a clerk in a newspaper office, where he stayed two and a half years, the longest time he has ever spent at any one place. Although he was capable of earning good wages in his various subsequent positions, he seldom stayed long enough to do so. In 1915, while in the service of the United States Army, he was thrown from a horse and rendered unconscious for a few minutes. He received treatment for one year at St. Elizabeths Hospital in Washington, D. C., where it was said that he had sustained no organic injury and treatment was directed toward giving him a better equipment with which to secure his social recovery. For several months following his discharge from here, he worked; then he reënlisted fraudulently in the United States Army, receiving his second S. C. D. From January to October, 1918, he held five different positions, one in a munitions plant at nine dollars a day which he held only three weeks. It was at this time that he came under social-service supervision and during the following year an attempt was made to stabilize him. He kept no position over a month. His best work is done under the stimulus of rather romantic conditions, such as booking shows for theatrical companies, display advertising, and working for sensational newspapers.

Case 2.—Stenographer, about forty years of age. Single. Diagnosis—paraphrenia. This case was first referred in

¹ Surgeon's Certificate of Disability.

September, 1918, by the Liberty Loan Committee, who had been obliged to discharge her because of her difficulties with other employees. She is a small, spare woman with nervous motions, and is quick in taking offense. She has a tendency to be jealous of other employees and to think that she is not fairly treated. She is always straightening out papers and arranging and rearranging things to suit herself. Although she is a first-class stenographer and typist, she seems unable to adjust to any environment. The Y. W. C. A. employment registry has known her from March, 1917, to date—March, 1920—and has secured for her twenty-five positions. In securing these she was sent to seventy-two firms to make application for work. Her longest period at any one position was one month, the shortest period was two days; and whereas an average stenographer of her training and ability should earn about twenty-five dollars a week, she seldom made over fifteen. With succeeding failures, her peculiarities have become more exaggerated until at the present time it is doubtful whether anything remains to be done other than commit her to a state hospital. In a woman of her intelligence, an earlier attempt at an understanding of her personal difficulties would in all probability have made her a happier human being and have saved to society a useful person.

Case 3.—Young man, thirty years old, of Irish-American parents. Diagnosis—paranoid dementia praecox. The family have long been known to the Charity Organization Society in Buffalo, New York, where patient's father owned a livery stable. He was later a saloon-keeper, and eventually ended up as janitor or doorman at the city hall, which position was a reward for long years as a hanger-on to the political machine. Patient was graduated from grammar school at the age of fourteen, after which he went to work in a lawyer's office, having a political career as his aim and Charles F. Murphy as his idol. His father had been a heavy drinker and during the last years of his life developed tabes. He committed suicide as a result, according to his son, of Tammany's going back on him in the matter of his job at the city hall. Patient's mother cut her throat, with fatal result, the day of her husband's funeral.

After his father's death in 1910, patient left Buffalo and

began a life of wandering from one job to the next. He has lived in nearly every large city in the northern states, San Francisco having held him the longest. He remembers his home as one of constant friction between his parents. His mother never sympathized with her husband's party affiliations, or with his Catholic religion, she being a Protestant. He lived on political gossip and the doings of those in high places, and his mental trouble seems to have gradually followed the trend of his father's. All of his difficulties are due to the revengeful hand of Tammany, which has tried to thwart him wherever he goes, because, when they turned on his father, the family threatened to show up the fraudulent methods by which the Democrats had done Hearst out of his governorship. Due to the entreaties of the patient's mother and the fact that they would become unpopular in Buffalo, they refrained from telling their secret, though patient states that he has all the information in his possession and some day may be forced to use it. His justification for his vocational failure is that every job is made impossible by the Buffalo political gang, who will eventually smash even such organizations as the Mental Hygiene Committee for trying to help him. He has kept an elaborate work record from 1910 to 1919, showing 123 jobs, the years in which he held them, the city, type of work, name of employer, wages received, length of employment, and whether he was discharged or left voluntarily. Most of these records have been verified, and the statistics that they present are of especial interest in their bearing upon the problem under discussion. The 123 jobs represent 103 different firms and 33 different occupations. His longest period at any one job was eight months, his shortest period one day, with an average of twelve and one-half days spent at each. He worked a total number of 1,545 days for the time covered, or about one day out of every two. He was 80 times discharged, resigned 20 times, and 19 of the positions were at temporary work. His total earnings for the ten years were \$3,316.21.

The kinds of work that this patient did, excluding a few odd jobs, can be grouped under three main headings—jobs as laborer, of which there were 30; clerical positions—32; and jobs as a semi-skilled worker where proficiency is obtained

after a few months' experience—33. Satisfactory estimates or studies of the cost of breaking in men are very few. Those that are available have been made by personnel managers and experts connected with certain industries and are more in the nature of roughly assumed estimates than scientific statistical studies. Using a scale¹ that is considered conservative as a basis for computing the cost of the labor turnover for this one individual, his cost of hiring can be estimated at \$47.50, cost of training \$960, wear and tear \$392, reduced production \$1,879, and spoiled work \$330, or a total of \$3,608.50, a sum that exceeds his earnings by about \$300. If we estimate the normal earnings of a man of this class at \$1,200 a year, then the total wages that he should have received for this time, or \$12,000, must be taken into account in calculating his cost to society. The statistics used here do not include the cost of rehiring by the same firm.

Such efficiency methods as have been used in the past take care only of normal individuals, but the so-called normal workers make up only a certain percentage of the labor supply. The psychopathic employee is not sufficiently normal to fit in to efficiency methods nor is he subnormal enough to be committed to an institution. Hence, he is forced into a life of wandering that eventually works to his own detriment and that of society. Receiving no help toward a more successful handling of his difficulties, he repeats his experience with an endless number of positions, to the great cost of productive labor and capital. The case just cited shows clearly the extent of waste in present methods of handling such people. This man earned only \$3,316.21 in the past ten years. The rest of the time he has lived upon contributions made by charitably inclined persons who were moved to pity by his hard-luck stories or else by social agencies. When these were not sufficient, he resorted to grafting, panhandling, borrowing, etc. His waste to industry is shown by the fact that his earnings were less than the cost of labor turnover. And his cost to society is much greater than the cost of maintaining him in a state hospital for the entire period.

Such cases as the above are illustrative of the type of psy-

¹See *The Turnover of Factory Labor*. By Sumner H. Slichter. New York: D. Appleton and Company, 1919, p. 131.

chopathic employee. It is not possible to estimate at present the exact percentage of labor represented by such individuals, but that they constitute an appreciable number is certain. One industrial organization, which is beginning to appreciate the existence of the problem, recently expressed the opinion that they hesitated to open a psychiatric clinic for fear of being swamped.

Since such individuals exist in such large numbers, some plan must be created to make use of them. This can be done only through the education of the public generally, as well as of employers and employment managers specifically, in the understanding of human nature from a psychiatric viewpoint. Such a program must necessarily be slow, since the lack of understanding and prejudice of the public at large are one of the greatest factors in the problem. Society's resistance to an insight into its own make-up leads it to treat as mysterious and dangerous all mental abnormalities. That the correction of society's state of mind is one of the tasks of mental hygiene is evident.

It is not necessary, however, to await the general awakening on the part of the public at large before undertaking more practical measures to deal with the employment problems of the psychopathic worker. There are already in existence a number of excellent courses which train workers in the recognition of mental symptoms—teaching something of their causation—and in the means of assisting such individuals toward social and vocational adjustment. Psychometric tests are of value and mark a decided step in advance, but since they do not take into account the emotional or the personality factors in the situation, they are not a solution of the problem. In order to identify the psychopath in industry and effectively utilize him, each employment department should have on its staff at least one person who has been trained to recognize and handle such individuals, not alone for the purpose of placing him at work, but of securing an adjustment to that work that will insure his maximum of productiveness to industry and of satisfaction to himself. The cost of training one member of the staff of each employment department in mental-hygiene principles is infinitesimal compared to the money wasted in allowing present methods to continue.

INDUSTRIAL COST OF PSYCHOPATHIC EMPLOYEE 939

The United States Commission of Labor Statistics¹ has said that unemployment, although not yet recognized as an industrial accident, nevertheless causes more slowing down of production, demoralization, and suffering than all other industrial mishaps. Among the various causes of unemployment, he mentions the lack of a properly balanced organization of industry, the lack of an intelligent employment policy for hiring and handling men, the failure to gain the good will of employees, and the failure to make use of the tremendous latent force lying dormant in the workers. Each one of these causes has a special significance to those who earnestly believe that in a scientific inquiry, and in more understanding of the needs and creative possibilities of the psychopathic states in human nature, lies an effective weapon for striking at the roots of the current unrest.

¹Meeker, Royal. The Cost of Industrial Accidents. *Monthly Labor Review*, Vol. X, pp. 1-13, April, 1920.

MENTAL MECHANISMS*

GEORGE W. MILLS, M.D.

Director of Clinical Psychiatry, Central Islip State Hospital, New York

PSYCHOANALYSIS is a method by means of which the deeper motives for human conduct and thought, both normal and abnormal, are sought. The application of this method and the things it has disclosed have led to the building up of a certain nomenclature, which I will try to cover in as simple and definite a manner as possible. Some of the terms have been applied somewhat differently by various writers, and there may be some criticisms as to the exact phraseology or meaning as outlined below. No originality is claimed; the sources from which the information has been compiled will be found listed at the end of the paper, and due acknowledgment is gratefully made by the writer to all the authors mentioned.

The mind does not consist of ideas scattered at random; it is quite the opposite. Ideas are grouped about central experiences and built into an harmonious whole. The process has been likened to the way in which brick, stones, etc., are brought together to form buildings, these in turn forming a town or a city. The mental cement that holds these stones and bricks together is feeling or emotion or *affectivity*, a term worthy of a few words of elaboration. One or two examples will illustrate its importance to us in our daily life and mental processes. A prick in my finger causes me to withdraw my hand; if I am frightened by it, I run away; if I am angered, I fight; etc. In the presence of an affect, all opposing associations are inhibited, whereas those in harmony are facilitated. Affects are readily transferred; thus the place where something unpleasant has occurred is hated, or we hate not only the person who has done us an injury, but the innocent bystanders, etc. Affects have the peculiarity of lasting

* Elaborated from a lecture and clinic given at Central Islip, New York, August 3, 1920, to the students of the Summer School of the Eugenics Record Office, Cold Spring Harbor, L. I.

longer than the actual occurrence; for example, a pleasant experience tends to leave an agreeable mood for some time. Whoever has seen something worth striving for which has excited his affects will endeavor to gain it, and duration of effort is in direct relation to the strength of the affect. Affectivity in this way determines perseverance, and efforts may be continued even after the object has been removed. The hindrance to free judgment brought about by affects may be more disadvantageous than useful; for instance, one does many foolish things in anger or in love, etc., while negative affects like fear and anxiety may render us defenseless to danger. Affectivity, far more than reflection, is the determining element in our acts and omissions; on the whole we are always striving for experiences accompanied by agreeable affects and we avoid the opposite as far as possible.

In certain types of individuals occur constellations of ideas that are grouped about or dependent upon an experience that is unethical or antisocial or in some way painful or disagreeable, and the tendency is to crowd such memories from consciousness—i. e., to forget or to *repress* them. Many times these repressed ideas with their accompanying affective states lead a rather detached existence in our unconscious and in so doing give rise to various symptoms. Such a repressed group is called a *complex*. This complex frequently does not remain quiescent in our unconscious, but strives for recognition, for admission to the conscious. This is called the *conflict*. Its admission is prevented by what Freud calls *censorship*—that is, the inhibitions imposed by our social customs or our religious and ethical training. In the psychoses this censorship is to a greater or less extent removed, and the content of the delusions and hallucinations represents more or less clearly the repressed conflicts.

While the censorship may not be able to keep the complex completely buried, it may be powerful enough to prevent its escape in its naked form; i. e., it may appear in *symbols*, disguised, and a symbol tends characteristically to be shorter and more condensed than the idea represented. Symbolic modes of thought are also more primitive and represent a reversion or regression to some simpler and earlier stage of mental development. They are, therefore, most often met with in con-

~~substitution~~
~~projection?~~

ditions that favor such reversion—i. e., in fatigue, drowsiness, the neuroses and psychoses, in dreams, etc. Another process is that in which the emotion is transferred from the painful subject to an innocent or less painful one, and this process is called *displacement*, or it may appear as a physical symptom—i. e., *conversion*—or as an entirely different emotion—i. e., *substitution*. These terms are especially used in the description of hysteria, into which disease another mechanism enters; in fact, it is the pivot on which the psychological theory of hysteria rests—i. e., *dissociation*. By this is meant a splitting of the personality so that a system or a constellation of ideas exists independently and is separated from the normal trains of thought by a wall of amnesia. Naturally this dissociation process is not confined to hysteria, but is met with in many other mental states and is intimately associated with what has just been described—i. e., repression and complex. Neither am I to be understood as limiting the use of the terms of displacement, conversion, and substitution to hysteria. These mechanisms, on the contrary, form part of other mechanisms; for example, see dreams, distortion, etc.

Before going on to describe the many other mental mechanisms, let us first discuss what we mean by the *conscious* and the *unconscious*. If I mention the name of an object, such as an orange, you at once have a mental picture of the object, which picture is the end product of many past experiences with that object. You cannot look back and say when you first learned that the orange was yellow or that it had weight or that it was juicy or that it had a certain taste or that it came from certain places, etc., all of which things had to be learned before your mind could form the mental picture that it does at present. The present mental picture represents the conscious; all the past experiences that have gone to make up the picture represent the unconscious, the so-called forgotten, but psychoanalysis tends to show that things are not forgotten; they are only buried, they are not where they can be readily called to mind. And it is only when such forgotten or buried or repressed memories are laden with a painful affect that they become possible sources of harm.

The mechanisms of forgetting or repressing are constantly at work and are frequently seen in our everyday life.

For example, I was with some people at the theater one evening. Directly in front of me was a man whom I had known all my life, but who was on this occasion quite drunk. Throughout the performance his conduct was more or less disorderly, and also throughout the performance I was puzzled by my inability to remember his name. It was not until later that the explanation of this became clear—i. e., under normal conditions I would have introduced him to my friends at the end of the performance. As I could not remember his name, I was saved this embarrassment.

The field of full consciousness is a limited one. The great majority of our mental states, our desires, inclinations, and actions are conditioned by mechanisms of which we are more or less unaware. Freud uses the term conscious to denote all the mental processes of which a person is aware, distinctly or indistinctly, at a given moment. Not sharply marked off from these are the preconscious memories—that is, things which are not at the moment in one's conscious thoughts, but which can be fairly readily and spontaneously recalled. Unconscious memories are those that cannot be spontaneously recalled, but that can be evoked by the use of special methods such as hypnosis, psychoanalysis, etc.

Another very important mental mechanism is *wish fulfillment*, a mechanism very frequently seen in abnormal mental states. It is quite normal for us to wish for things, to elaborate mentally a situation in which such wishes are gratified, even to give way to *phantasy* or *daydreaming*. When wishes are contrary to our present ethical standards, they are frequently *transposed* into their opposite and expressed as a fear. For example, the old maid who looks under the bed for a man really has a concealed wish to find a man; and the much more serious symptom often met with in the mentally deranged, the fear that some one is dead, frequently means that they wish the death of that individual. Such a wish naturally carries with it a strong affect and can be very harmful. Phantasy offers escape from a hateful present, and when such a hateful present or hateful situation confronts us, it is natural to seek an easy solution—i. e., to imagine it as already in effect. Up to a certain point this mechanism is a healthy one, but as soon as it gains such hold on the individual that it re-

places the healthy and normal effort, it begins to do harm. We can all of us look among our acquaintances and see the ones who make good through effort and the others who fail through daydreaming. This tendency to live in a life of phantasy is frequently a carry-over from the period of childhood, for childhood is full of phantasy, children are always playing at being this or that. The type of thinking that leads to phantasy is conditioned by what has been called "the pleasure-pain motive"—the individual shrinks from the necessary effort; whereas if he does not shrink, but acts to accomplish his end, his thinking is conditioned by "the reality motive."

This leads us to speak next of *dream mechanisms*. Dreams, according to Freud, are expressions of wishes, and in dream life the censorship previously mentioned is much reduced in power; hidden complexes or wishes come into their own. But when the dream is repeated on awakening, the censorship serves to interpose certain things that disguise or distort it, so that its so-called manifest content—that which appears on the surface—is quite innocent as compared with its latent content, which, if brought out by analysis, exposes the repressed conflict. The feeling of anxiety or fear or disgust, if it remained attached to that portion of the dream to which it belonged, would disclose to the dreamer the real thing about which he is anxious or fearful or disgusted, but if placed on some indifferent or innocent part of the dream, it serves the purpose of distortion. These additions made to the dream while it is being related are called secondary elaboration, and the disguise is also aided by the mechanism of condensation. A dream is always laconic; it expresses a great deal by a few pictures. And dreams are peculiar in that time is abolished; the events of years may be crowded into minutes, chronological order is disregarded, and a person or an object may represent several different things. Displacement—Freud, I think, limits the use of the term displacement to the movement of affect—also occurs; that is, elements that are of minor importance in the latent content appear prominent in the manifest, and vice versa. Another dream mechanism is dramatization. The story which is the real latent content is not told; it is pictured in the same way as a story is told on

the stage by pantomime or by the movies, and symbolization is freely called on.

Distortion I have just casually mentioned under dreams. It hardly needs further explanation, its meaning being clear in the word itself. Naturally, as above indicated, it is often combined or associated with other mechanisms—i. e., displacement and substitution. In the psychoses a very common substitute is electricity for sexual sensations, and that there is a certain overlapping of terms is shown by the fact that this might be described as a symbol.

Other mechanisms are those of *compensation and overcompensation*; for example, a feeling of guilt because of a sinful act or thought may lead to an individual's becoming very particular about some apparently innocent everyday act, such as those relating to dress or to cleanliness; or he may become overscrupulous or prim or strait-laced or overreligious, etc. The *mechanism of atonement* is another type of compensating mechanism. I do not mean to be understood, however, as saying that compensatory mechanisms are encountered only when there is a wrong to hide. In various mental states we may find numerous instances where the delusions are clearly traceable to an individual's desire to compensate or be compensated for some lack in himself, as a failing efficiency may be replaced by boastfulness, expansive claims, etc. One might say that this approaches what has been described as wish fulfilment, and no doubt this statement is correct. There are no hard-and-fast lines between many mechanisms that are discussed separately in this paper. In normal life we see many admixtures in motives and necessarily so; so in pathological states we see many mechanisms blended and overlapping, and primary mechanisms must necessarily appear in the secondary ones.

The term *projection* is applied to a variety of things. It implies a transferring over to others of what is in ourselves, as in the case of jealousy, which often means that the partner is accused instead of the guilty one, or where the accusations of a guilty conscience are turned into accusing voices that come from others, etc.

Paranoid mechanisms are those that tend to interpret things heard or experienced or imagined, etc. as persecutions. They

are often combined with an underlying wish; i. e., that which forms the opposition to fulfilment of wishes is projected as persecution.

Negativistic mechanisms are those that tend to shut out the external world or to shut off interference—as by mutism, resistiveness, keeping the eyes closed, stupors, etc.—and are an extreme of the defensive mechanism to be next mentioned.

Protective or defensive mechanisms were well shown in the war neuroses, and arose out of the primary instinct of self-preservation. Sets of factors exist in every living organism that work toward the saving of that organism from destruction. Also, for each important function of that organism there exists a mechanism to protect it against hyperfunction and to defend it from injury. The protection may be purely automatic and mechanical, as in hypertrophy of the heart, or it may be chemical, as in immunity reactions or a polyglandular endocrine activity, or psychic, where deep and intricate mental processes are called on. A soldier, on first entering an active zone, tends to feel fear, which may be accompanied by various thoughts, as of running away. However, he soon sublimates this fear into a desire for action—a desire to retaliate on the foe or to aid his comrades, etc.; thus sublimation—which will be discussed later—is here also a defensive mechanism. As time goes on, due to one cause or another, the sublimation may break down and the old fear returns with a desire to get away from it all. Finally the soldier may be buried by a shell explosion, or some other especially terrifying experience may occur, and to defend him against further injury a neurosis develops. This serves the double purpose of removing him from danger and doing it without the brand of cowardice, and naturally is often a very clear wish fulfilment, the entire sequence of events and the underlying motives being quite unconscious or free from volitional control. The defensive mechanism has fulfilled its purpose of protecting the individual against reëxperiencing the series of destructive events to which he has recently been exposed.

War or situations of physical danger are by no means necessary, however, to demonstrate defensive mechanisms, as in the case noted by White of the woman who entertained re-

sentment against her husband. After she was in the hospital, he sent her many things, among them pencils, as she was very fond of writing. As soon as she was given a pencil, however, it would be mislaid or lost; in other words, the pencil was a concrete reminder, it caused a painful emotional state, and she defended herself by losing it. Dream mechanisms are, of course, very typically defensive.

Fixation mechanisms are perhaps best illustrated also in the war neuroses; for example, after a soldier has suffered exhaustion, loss of sleep, hunger, etc., an incident occurs which is associated with an intense degree of emotion, as when he is caught by an exploding shell. This causes a longer or shorter period of unconsciousness, which may also be caused by a psychic shock without any physical injury. During this period of unconsciousness or perhaps only dazedness, there is greatly lessened inhibition and certain symptoms become fixed so that they remain after consciousness returns. These may be mental or physical, an example of the latter being an attitude of fear or of protection or tremors, etc.

The mechanism of justification is, or was, well illustrated by the drinker who drank when it was hot to cool off, when it was cold to warm up, when he was joyous to celebrate, and when he was sad to drown his sorrows; that is, he could not control his habit, so he had to find reasons for indulging it that would justify his conduct to himself. We often see the same thing in the lazy or the indolent, etc.

Regressive mechanisms are those states in which the individual tends to think or act or feel as in an earlier stage of existence, either of himself or of the race; that is, the patient may regress to express himself or to live as if a child, with childish ideas about certain bodily functions, especially those connected with the sexual function. In such a case symbolization is freely called on, with the introduction of various extragenital zones, such as the mouth, the gastro-intestinal canal, etc. The regression may go beyond the infantile stage of the individual to the infancy of the race, with the introduction of myths and mythological characters, fairy tales and folk lore. The further one regresses from reality or the present, the more grave as a rule is the prognosis.

✓ *Sublimation* is the opposite of regression. To illustrate,

when a young woman disappointed in love betakes herself to a convent, the trend of love has been replaced by religion—i. e., she shows sublimation to religion; or she may get out of her difficulty by a psychosis in which the whole affair is represented by wish-fulfilment mechanisms elaborated along the line of childhood fancy and so show regression to the infantile. As an example of the intermingling or interdependence of terms, we have the often encountered case of the girl or young woman who washes, clothes, fondles, and cares for a doll as it were a baby; that is, she has transferred or displaced the affect properly belonging to baby to doll and also shows regression.

Thought may be substituted for conduct and imagination for reality. This substitution is called introversion as, for example, when a young man courts his lady only by daydreaming. If he siphons his interest over to a domestic pet, it is still regression, but not introversion, as it deals with something external; and if we carry it a little farther to its causing him to work harder and better, it is sublimation.

We may approach the term sublimation by another path also. Although defense mechanisms may work with great efficiency, they do not always succeed. Some compromise is then sought, some compensation that will enable the person to bear his burden. The character by which we are known is often the result of this sort of solution of inner conflicts. People noted for their wit frequently are persons really sad at heart, and they develop a character that expresses quite the opposite of what they really feel. The inner conflicts, the result of discrepancy between desire and possibility of accomplishment, furnish much of the energy, by a process of sublimation, for our activities. In the weak and the poorly organized, they lead to nervous invalidism or result in psychoses, but in the strong they lead through sublimation to accomplishment, to energy along productive lines, to success in life, to a good social adjustment to one's environment. To compare sublimation directly with regression, as indicated in the beginning of this paragraph, we may quote from Freud's theories. For example, sublimation of the infantile curiosity and exhibitionism gives rise to shame; sublimation of the homosexual infantile component to loathing and morality;

sublimation of the sadistic and masochistic components to pity and similar feelings. In defining sublimation, the very apt word "refined" has been used. "Here may also be mentioned the terms *individualistic* and *altruistic*—i. e. types of thinking or of personality which are definitely related to regression and sublimation, and also to mechanisms mentioned earlier, such as phantasy, wish fulfilment, etc. The egotistical individual who is self-centered, whose thoughts are autistic—i. e., always of himself, his pleasure, his bodily comfort—who is dominated by the pleasure-pain motive, is individualistic, whereas the one who has thoughts for his neighbors, who takes pleasure in seeing others happy, who wishes to advance the world and better his fellow men is altruistic.

REFERENCES

Bleuler, E.
Affectivity, Suggestibility, Paranoia, Translated by Charles Ricksher. New York State Hospitals Bulletin, new series, v. 4, p. 481-601, Feb. 1912.

Brill, A. A.
Psychoanalysis; Its Theories and Practical Application; 2d edition. Philadelphia; W. B. Saunders Co., 1914.

Freud, Sigmund.
Three Contributions to the Theory of Sex, Translated by A. A. Brill. New York; Nervous and Mental Disease Publishing Co., 1916. Monograph series 7.

Hitschmann, Eduard.
Freud's Theories of the Neuroses, Translated by C. R. Payne. New York; Nervous and Mental Disease Publishing Co., 1913. Monograph series 17.

Hoch, August.
Constitutional Factors in the Dementia Praecox Group. Review of Neurology and Psychiatry, v. 8, p. 463-73, Aug. 1910.
On Some of the Mental Mechanisms in Dementia Praecox. In Dementia Praecox, a Monograph, by Adolf Meyer, S. E. Jelliffe and August Hoch, p. 53-71. Reprinted from the Journal of Abnormal Psychology, Dec. 1910, Jan. 1911.
Review of Bleuler's Schizophrenia. New York State Hospitals Bulletin, new series, v. 5, p. 238-59, Aug. 1912.

Jelliffe, S. E., and W. A. White.
Diseases of the Nervous System; 2d edition. Philadelphia; Lea and Febiger, 1917.

Jones, Ernest.
Papers on Psychoanalysis; 2d edition. New York; William Wood and Co., 1919.

MacCurdy, J. T.

War Neuroses. New York State Hospitals Psychiatric Bulletin, v. 2, p. 243-354, July 1917.

Prince, Morton.

Psychogenesis of Multiple Personality. Journal of Abnormal Psychology, v. 14, p. 225-80, Oct. 1919.

Rivers, W. H. R.

War Neurosis and Military Training. Mental Hygiene, v. 2, p. 513-33, Oct. 1918.

Schwab, S. I.

War Neuroses as Physiologic Conservations. Archives of Neurology and Psychiatry, v. 1, p. 579-635, May 1, 1919.

Wells, F. L.

Mental Regression; Its Conception and Types. New York State Hospitals Psychiatric Bulletin, v. 9, p. 445-92, Oct. 1916.

White, W. A.

Mental mechanisms. Washington; Nervous and Mental Disease Publishing Co., 1911. Monograph series 8.

Outlines of Psychiatry; 7th edition. Washington; Nervous and Mental Disease Publishing Co., 1919. Monograph series 1.

ABSTRACTS

THE PERSONALITY OF THE PATIENT: A NEGLECTED FACTOR IN TREATMENT. By Louis Casamajor, M.A., M.D. *Journal of the American Medical Association*, 75:471-473, August 14, 1920.

The truism that the physician should treat patients rather than diseases has become so much a medical platitude that usually it is not appreciated in its full meaning. To most physicians it means that the therapeutic indications depend more on the individual variations of the patients' reaction to the disease process than on any intrinsic nature of the disease itself. This individual organic reaction is ever an important factor in symptomatology, especially in acute diseases; but besides this there is the individual psychologic reaction to disease, which plays an important part in the symptomatology, prognosis, and treatment of all diseases, but principally those of chronic course. Disease, and more especially chronic disease, is an added experience element in the life of the patient, and one that must be considered in his adjustment to his life, both present and future. Chronic organic disease usually necessitates a change in the patient's mode of life, makes life more complicated and often less pleasant, and thus forces on him an adjustment to lessened activity and interests usually quite at variance with his former life.

Thus, in all diseases of long duration, frequently there comes sooner or later to the attention of the physician a group of symptoms which, although they have nothing to do with the organic groundwork of the trouble, yet may cause more real difficulty to the patient than those more real in nature. Usually these are passed over lightly as "neurotic symptoms," and the patient is left to suffer more in mind than he does in body. This is a mistake, for these are the symptoms that can be removed, greatly to the comfort of the patient, a process all too frequently done by the "faith healer" or other quack, all to the detriment of the physician. The physician who understands and treats the patient should be the one to understand and remove these symptoms; and only when he does this does the physician justify the ideals which the community holds for him.

My purpose is to point out the origin and nature of these added symptoms appearing in chronic organic diseases, and their importance and significance to the patient. Probably it is better to term them "personality symptoms" rather than simply to name them "neurotic symptoms," for by such a term we are likely to remove them

too far from their real connections with disease. They are "patient symptoms" in contradistinction to "disease symptoms," and they represent the psychologic readjustment of the patient to his environment, now further complicated by his disease and his realization of his lessened efficiency, which the true disease symptoms have forced on him. A case in point may not be out of place:

B. D., aged 43, a waiter, came to the Vanderbilt Clinic complaining of insomnia, nervousness, tremulousness, excitability when subjected to sudden noises, and pain and hot feelings in the back of his legs and thighs. Formerly he had had a business of his own, but two years previously he failed and had been obliged to accept a position as a waiter in order to support himself and his family. He had never been content with this adjustment and, with the mounting cost of living, his life had become more difficult. About one year before, the nervous symptoms mentioned began to appear, and they had gradually become worse. For the last thirteen years his vision had been failing, especially his ability to see clearly in the dark or in very bright light. At that time he was told in an eye clinic that he had "night blindness." This condition had progressed but slightly, for his vision now was 20/50. About five weeks before coming to see us he was struck in the leg by a motor truck. He was laid up at home with pain in his leg for a few days, but soon was again obliged to take up his work to support his family. At this time the pains and hot feelings in his thighs and legs appeared, and were present only during the day while he was at work. Physical examination was entirely negative except for some narrowing of the visual fields, and a retinitis pigmentosa of moderate degree.

Most interesting in this case is the fact that the patient voluntarily came to a neurologic clinic with a history of symptoms quite "neurotic." Only on extended questioning was one able to bring out symptoms of the organic disease from which he was suffering. To his mind the psychic symptoms were the more important, for they occupied his thoughts much more than did his vision difficulty, and interfered much more with his efficiency as a worker. These were the "personality symptoms" in this case, and represented the reaction of the patient to his life, now made further unpleasant by the presence of the organic disease whose results he feared.

The meaning of the "personality symptoms" is clear. Excitability to noises, tremulousness, and anxiety are all symptoms of fear; and fear was the predominant psychologic element that his organic disease had injected into his life. He had been told he would never get well and in all probability would eventually lose his sight. This prognosis and the fear it engendered altered the whole course of his life. An-

other individual of different personality, possibly more philosophical, might have accepted the condition as it was and not have developed such active fear, and so not have altered his attitude toward life. However, our patient was of different fiber, and complicated his unhappy lot by the addition of a group of fear symptoms of his own making.

He began to take more interest in himself than in his business and, following his business trouble, he accepted the position of waiter because he lacked ambition to build up his own work again, and the position of waiter was an easy compromise in the difficulty in which he found himself. It was not satisfactory, for he felt that his earning capacity had been permanently diminished by factors over which he had no control—namely, the organic disease. This disappointment, then, gave rise to the depression with the anxious coloring which dominated the clinical picture when he came to us, which was manifested by the "neurotic symptoms." These are the symptoms that are capable of removal, while those of his retinitis are not. To remove these symptoms would be to increase his happiness and raise the level of his efficiency as an earner, probably to very nearly his former level. This neurotic part, then, all too frequently neglected, should be the part to receive the greatest attention of the physician, for it is with this part that the best therapeutic results are possible.

This patient reacted psychologically in this way to retinitis pigmentosa. It is most probable that he would have reacted in quite the same way to any other chronic organic disease that impaired his efficiency and darkened his future. In this man we would have expected to see the same symptoms had his organic disease been chronic nephritis, diabetes, chronic arthritis, chronic cardiac disease, or arteriosclerosis.

These neurotic or personality symptoms we see appearing in many patients with chronic disease, and in every case they depend on the personality of the patient and his psychologic reaction to his disease, and not primarily on the disease itself. Not all individuals suffering from these chronic diseases complain of the same neurotic symptoms, and many never develop such symptoms at all or allow their disease materially to alter their attitude toward life. This difference depends on the individual psychologic differences between patients—that thing we call personality.

When one comes to analyze the foundation of these "personality symptoms," a number of factors readily come into view. Probably the most important of these is the element of "temperament" of the individual. Often it is extremely difficult to determine on what this is based. We know one person to be optimistic and another pessi-

mistic in his general outlook on life; one is naturally euphoric and another easily depressed; one is care-free and another full of worries; one is good-natured and another irritable and quick to anger; one altruistic, another primarily selfish. An attempt to analyze such characteristics takes one deep into the field of psychology; yet a few of the most prominent factors may be mentioned.

Age plays an important part. Youth is hopeful; old age is sad. The attitude toward chronic disease frequently reflects this age element. The hopeful attitude of the tuberculous, especially those of early adult life, is proverbial, and most likely depends more on the age of the patient than on anything in the disease itself. The carcinomas, on the other hand, are usually seen in later life, and here again the hopeless depression is, in part at least, a symptom of the age of the patient. Besides this there are many other factors which determine temperament; the racial traits in the patient, the history of his life's experience, the hardships he has undergone, and lastly that thing which we call "feeling of well-being," in which we find many elements, but especially the proper working of his bodily organs, in the disturbances of which his disease itself may play no inconsiderable part.

Given, then, the individual of a certain temperament afflicted with a chronic, but not disabling, disease, we may see extra personality symptoms arising in the clinical picture according to the patient's needs; and often these symptoms completely obscure those of the original disease. Two questions naturally come to mind: Why does the patient need these extra symptoms, and where does he get them?

The need for the extra symptoms springs from the patient's need to express the feelings that his disease engenders in him, in terms more understandable to himself and others. In the first place, the realization that he is diseased brings with it a feeling of personal insufficiency and inadequacy to meet the requirements of his existence. Often he now begins to care for his health for the first time in his life, and this introspection leads to an introversion of interests so that he may give consideration for his health an excessive relative value over the other factors of his life. We then say that he has become "hypochondriacal." He seeks for symptoms in himself; and when he seeks he finds, often in the exaggeration and perpetuation of temporary symptoms formerly unheeded.

Another factor not to be too lightly valued is the striving for sympathy, a real need to the sick human being. While we sympathize with chronic disease as a theoretical proposition, yet in the concrete we sympathize only with symptoms. Hence the need of these extra symptoms to get for the patient the sympathy and consideration he

feels is but his just due. If his disease has few outward manifestations to call for sympathy, he can, if he needs, develop others, in the form of pains, weakness, and anxieties, all of which impress the beholder.

The source from which these extra symptoms are derived is suggestibility, that all-important element in human psychology. Suggestibility is the ability to accept with conviction a communicated proposition in the absence of logically adequate grounds for its acceptance. It is the basis for faith and belief, and the human mind believes always just what it wants to believe. This increased suggestibility of the chronically diseased may depend on one or both of two factors: (1) an abnormal state of the brain caused by the disease process, or (2) a deficiency of knowledge of the nature of the disease and what symptoms it may cause.

To the hyper-suggestible patient who needs extra symptoms, suggestion for the formation of new symptoms comes from many sources and in varied forms. From his own past experience with disease and neurosis he may cull much that meets his needs. The conversation of kind and sympathetic friends is usually a rich field for suggestion. The reading of medical books and articles and "patent medicine" circulars will provide any number of useful symptoms. And the suggestion all too frequently comes from the physician, often from an unfortunate chance remark or even from the expression of the face during an examination. It was frequently said in the British army in the war that many soldiers got "soldier's heart" from a medical board.

These extra symptoms in organic disease should receive the most careful attention from physicians. Often they are more disabling than the disease itself. Anyway they are more susceptible of removal, and by their removal the patient's happiness and efficiency are improved. In the technic of removal one must counteract the factors that have caused them. The temperament of the patient is often susceptible of improvement by a better understanding of himself and his motives. The need for the extra symptoms is often still more difficult to combat. This need may be lessened, in the first place, by a more accurate knowledge of the nature of his disease and its process. Then again, the patient's adjustment to his disease and his lessened efficiency may be made more compatible with mental health and happiness. Many physicians do this by telling of other patients with the same disease who had made better adjustments, and by giving the details of how it was done. And, lastly, symptoms due to suggestion may be removed by contra-suggestion. Suggestion has ever been a considerable part of the armamentarium of the successful

physician, suggestion by word, by act, and by attitude, as well as suggestion connected with physical and chemical therapeutic practices; and this healing suggestion should be applied to the organically ill quite as much as to the pure neurotic.

PSYCHIATRY AND INTERNAL MEDICINE. By C. F. Martin, M.D.
Canadian Journal of Mental Hygiene, 2:137-143, July, 1920.

In this paper, which was read before the Ontario Medical Association, Dr. Martin, professor of medicine at McGill University, discusses the relation of psychiatry—using this term in the sense of the newer and more inclusive title “neuropsychiatry”—to many of the problems encountered in the practice of internal medicine, and urges the importance of more adequate psychiatric training for physicians than is at present provided in medical schools. The paper reads in part as follows:

“One is apt to talk rather glibly about a patient having ‘lost his reason,’ having ‘lost his senses,’ when as a matter of fact the mental disturbance may in no way have affected the intellect or the reason, while the changed emotions alone may be responsible. The patient has merely ‘lost his table of values,’ and is much like a child who cannot adapt himself to his environment, and the inner harmony is lacking.

“It is in just such conditions as these that the physician, be he a general practitioner or be he skilled in the refinements of physical diagnosis, is apt to fall short.

“No inconsiderable training is required before one’s opinion becomes of value.

“Etiologically and symptomatically, the behavior of the sane and insane is largely one of degree; certainly this is the case with neurasthenics. The chief difference between them is in the mental conflict which requires careful analysis and consideration. The general practitioner is called upon to decide between the sane and the insane, to diagnose exactly, if he can, between the various types of psychoneurosis, between the different types of personality, if you will, and to advise as to disposal. To commit or not to commit—that is the question, and the decision is oftentimes an urgent one. He is called upon to decide as best he can between the emotional and the intellectual, to deal with disorders of human adjustment, and with distorted methods of meeting the complex situations of life, all of which are problems the solution of which requires specialized training.

“He must be skilled in questions of mental hygiene, of adaptability to environment, and the reactions that arise therefrom, and no one untrained in psychology should presume to offer a final opinion.

"It is obvious that the general practitioner is called upon to decide something in which his previous training has been defective. He has not learned to appreciate the degrees of personality; in fact, he probably does not presuppose a personality in most of the patients that come within his ken. . . .

"Unless the physician can appreciate that human conduct is dependent upon certain fundamental reactions, unless he can understand the patient in all these relations, his task of disposal and treatment is a difficult one. Consider the immense multitude of people outside of institutions who would be the better for such care. Consider the numbers under supervision or parole—recall, in fact, the myriads of border-land types in every country—and we can gauge the magnitude of the physician's task in diagnosis and disposal.

"It is just in these very matters that the physician is apt to fall far short of the ideal, to lose patience, to become apathetic, indifferent, or critical. It is a lamentable, but well-established fact that many of these psychoneurotics, as a result of maladaptation or what not, commit offenses of a major or minor importance, and are regarded merely as infraactors of the law and not as psychopaths.

"The jails and reformatories are filled with people of this kind, who should long ago have come under the skilled attention of the psychiatrist.

"The general practitioner, as a rule, is more or less in despair over mental cases unless the type he be confronted with is an outspoken one of mania, dementia, or melancholia.

"One can well picture the helplessness of the average physician who is consulted about a feeble-minded child as to disposal or treatment, or any other information.

"Indeed, I fear it is a rare thing for a physician to take sufficient time with a psychopathic patient to get more than merely the broadest outlines of his trouble.

"It is a wearisome matter for physicians—these tales of worry and grief and failure—and the patient is more apt than not to be told to forget his worries, to take a holiday, or to go to work, the physician forgetting that work should be the sequel, but not the substitute for the doctor's own labors.

"Not alone is this the case with psychopathic cases, but in all organic nervous disorders the physician overlooks to a surprising degree the functional element. . . .

"Wherein lies the difficulty, and what is the result?

"The causes are many. First and foremost, we must depart from ancient traditions and prejudices. We must learn to look on patients with mental disturbances as something apart from madhouse inmates. We should be done with the era of straw and chains, and

patients with all forms of mental disease should be as carefully and considerately observed, treated, and relieved as those with any disease of the lungs, or heart, or digestive tract.

"In almost every medical school in Anglo-Saxon countries, psychiatry is dealt with as a minor subject. The course consists of a few didactic lectures; a few, very few, visits to a lunatic asylum, where the demonstrations are apt to be more a theatrical than an educational sight. Chiefly, the rare, well-advanced types of mental disease are exhibited, veritable caricatures of mentality.

"The teaching of psychiatry has well been compared to a course of instruction in navigation carried on by the inspection of a few wrecks, or to a training in engineering through the exhibition of a few broken-down dynamos—and all this, too, in spite of the fact that there are in public institutions more insane patients than of all other diseases put together.

"Border-line cases, on the other hand, unusual personalities, cases on parole, can neither be stressed nor discussed, for *ipso facto* they do not exist in asylums, when no case can enter an asylum that is not legally committed. The result is that instruction in our schools is necessarily limited, and few students have opportunities to study the most important feature of psychiatry—viz., the border-line cases.

"We must treat cases early, and treat early cases; must recognize the importance of treatment out of asylums, of forming pavilions or departments in general hospitals, where till now such cases have always been unwelcome guests.

"We must educate the public away from fear and prejudice, and cast off the stigma that attaches so wrongfully to these types of disease. Prevention is still better, by medical clinics in the courts, by education, and by the organization of adequate social service.

"Moreover, there is urgent need of an adequate course on psychology in its application to medicine and psychiatry. It must be made a living subject, and in order that it may be duly appreciated, its study should follow upon the instruction in anatomy and physiology.

"These two latter subjects should be (and I am glad to say now usually are) dealt with in a much more practical manner, the former emphasizing the relation of functions to structure, while in physiology mental processes are being more and more emphasized.

"Personality in all its relations to abnormal and normal conditions must be an important consideration in every general clinic.

"It may be claimed that the study of personality is an easy matter. Nevertheless, let a doctor be ever so talented, he cannot by personality, by natural insight and understanding alone, deal with mental disorders, any more than he can decide by his personality as to

hepatic or renal or cardiac insufficiency. One must be taught to study the reaction of disease, and too much stress cannot be laid on the importance of the functional element in all organic lesions.

"Let us see to it that not only are students and physicians given all opportunity to learn more of mental diseases, but let us, by every propaganda at our disposal, educate the public to appreciate the greatest hygienic and economic problems in state medicine.

"Thus, and thus only, can our country be saved from waste of energy and capital, and from an incubus of misery and inefficiency that is to-day appalling.

"Light is happily coming, and through the efforts chiefly of the patient, persistent, and patriotic physicians of your own city [Toronto], psychopathic establishments are growing, and with the coöperation of all members of the profession and state, we may be justified in some optimism."

MENTAL HYGIENE SURVEY OF THE PROVINCE OF BRITISH COLUMBIA.

Conducted by the Canadian National Committee for Mental Hygiene. *Canadian Journal of Mental Hygiene*, 2:1-59, April, 1920.

In 1919, at the request of the Honorable Dr. J. D. MacLean, Provincial Secretary of British Columbia, the Canadian National Committee for Mental Hygiene undertook a survey of that province. A thorough investigation was made of conditions with regard to the mentally diseased and the mentally defective, the institutions visited including hospitals for mental disease, public schools, industrial schools, orphanages, jails, and mission homes. Each of the institutions studied is discussed in detail in this report.¹

The chief hospitals for mental disease in the province are those at New Westminster and at Essondale, which are practically under one management. Nearly all the cases of mental disease admitted to a hospital are received at New Westminster, while Essondale has the care of chronic cases (males) transferred from New Westminster. Both these institutions were found to have many admirable features. The report commends the enthusiasm and scientific zeal of the staffs and the absence of mechanical restraint. Favorable mention is also made of the pathological laboratory and the training school for psychiatric nurses at New Westminster and the excellent records there. The report points out, however, that the hospital is overcrowded; that

¹ A footnote to the report states that a number of the recommendations contained in it were immediately put into effect. Arrangements have been made for a training school for mental defectives on the Essondale property, for the erection of a nurses' residence at New Westminster, for a new building at Essondale for acute cases of mental disease, etc.

the staff is too small—three physicians in charge of six hundred patients; that women nurses are not employed in the male wards; and that adequate provision is not made for occupational therapy. The housing of nurses in suitable houses is also discussed.

The necessity for a change in the form of admission to mental hospitals in the province is emphasized. A law permitting voluntary admission is urged, as is also committment "on the certificates of two properly qualified physicians, after the superintendent of a hospital for the insane has made an examination of a preliminary form of history to be filled in by the physician in attendance."

Provision for the immediate care of mentally diseased persons, "without the hamperings of red tape and routine," is another reform that is vitally needed in British Columbia. The report advocates the establishment of a psychopathic hospital in connection with the Vancouver General Hospital, summarizing its arguments as follows:

"(A) Such a hospital is an integral part of a complete provincial hospital system, and without it the system goes lame.

"(B) Such a hospital will help check the present rapid increase in the number of the insane by heading off the stream at its source.

"(C) Such a hospital, by preventing and curing cases of mental disease in incipient and early stages, will prevent their becoming chronic insane patients, and will save the state the expense of continuous care of chronic cases for a long term of years in regular provincial hospitals.

"(D) This hospital, by receiving and caring for recent and acute cases of insanity, will diminish the number annually committed to the other provincial hospitals, and so relieve the overcrowding in these hospitals."

Other measures recommended are the establishment of a convalescent home in connection with the mental hospital either at New Westminster or at Essondale; the erection of a building for the treatment of acute cases at Essondale; the employment of one or two psychiatric social workers in connection with the mental hospitals of the province, thus making possible the placing of an increased number of patients on parole; and the establishment of a traveling psychiatric clinic at New Westminster. A recent report submitted to the Hospital Development Commission of New York State is quoted as to the beneficial effects of such a clinic on the hospital, the hospital physician, and the community:

"On the Hospital.

"1. They provide a means whereby the hospital can supply medical supervision to its patients even when they live at a distance.

"2. They provide an inconspicuous place to which sensitive patients are willing to come when they would hesitate to return to the hospital.

"3. By giving parole patients an opportunity to see regularly and frequently a physician who understands them, the hospital is able to keep patients on parole who would otherwise have to return.

"4. They furnish the hospital with its best weapon for combating prejudice and superstition in the district.

"5. They are the greatest means the hospital has for carrying on educational and preventive work; the only method of decreasing the number of commitments.

"On the Hospital Physician.

"1. They furnish a new and stimulating field of work for the hospital physician.

"2. In so far as they undertake to do preventive work, they bring the hospital physician in contact with the beginning stages of mental disease and with the milder forms which rarely reach the hospital.

"3. They bring the physician face to face with the concrete social problems which have to be solved in connection with the mentally ill.

"4. They make the physician realize the importance of the hospital as a social force.

"5. They make the physician realize the importance of the hospital as a preventive medical agency.

"On the Community.

"1. They are of direct value to every social agency in the community, since every such agency has problems involving mental conditions.

"2. They are the means of bringing the community into friendly relationship with the hospital which thus definitely gives its services to aid the community in its mental-health problem.

"3. In cities, they make the psychiatrist accessible to the middle-class citizen who cannot afford to consult the high-priced specialist and in consequence goes without advice or treatment for mental disease or resorts to quacks.

"4. In the country districts, they constitute as a rule the first and only source of diagnosis and treatment of mental conditions.

"5. They provide the most promising instrument for removing popular prejudice against the state hospitals and for raising the general level of intelligence in the state with regard to mental disease.

"6. They give to the community its first real opportunity to organize preventive mental-health work."

The survey of the public schools was conducted with a view to gathering information on the following points:

1. The proportion of mentally abnormal children in the school population.

2. The present facilities for diagnosis and special training.

3. The improvements needed.

A routine examination was made of 2,273 children, and care was taken to select schools that would be fairly representative of the entire provincial system. The children examined came from all the walks of life, their parents being laborers, artisans, tradespeople, and professional and business people. Eighty-one of these 2,273 children—or 3.56 per cent—were found to be mentally abnormal, the highest percentage of abnormality—5.58 per cent—occurring in a school where pupils came from very poor homes.

A good beginning in the way of providing for the diagnosis and training of mental defectives had been made in Vancouver and Victoria. In both cities one or more special classes for mentally abnormal children had been established. In Vancouver the pupils of these classes are selected by the school psychologist, who makes a preliminary examination in the schools and has prospective special-class subjects report for a week at an observation class, where a careful study is made of each child to determine his specific abilities and defects. The results of this study are then given in a detailed report to his special-class teacher, who is thus able to begin constructive work at once. In Victoria the teacher of the special class, who has had psychological training, visits the public schools twice a year and gives mental examinations to children who are referred to her by principals, teachers, and nurses.

The report recommends the extension of the special-class system both in Vancouver and Victoria and in the other cities and the out-lying districts of the province. There should be such a class in any community in which from twelve to fifteen abnormals are registered.

A trade school in Vancouver for the older boys and girls is another need. "It is well known that many adult feeble-minded are now in need of institutional care largely because of the lack of early vocational training. The expenditures connected with a trade school will therefore save the city and the province much money in the end, and will make possible the social liberty of many who otherwise might need custodial care."

It is also recommended that the services of a psychiatrist be secured to complement the work of the psychologists in the diagnosing of mental abnormality. While highly commending the work of the psychologists, the report adds: "Experience has taught, however, that there are in attendance at public schools a considerable number of children who suffer from beginning mental disease, many children with character defects other than those of intellectual retardation, many neurotic, high-strung, peculiar children, and other types that require for their understanding psychiatric experience (experience in all forms of mental disorders).

"It is of fundamental importance that all abnormal children be diagnosed and properly treated during their school days. Up to the present the retarded and the defective have received special attention, but if we hope to cut down the high rate of insanity in the community, our efforts must embrace a regard for those children who may in later years develop mental disease. As has been said, a mental specialist is needed for this special task.

"It is therefore recommended that the part-time services of a psychiatrist be secured by the board of school trustees. This appointment would in no way curtail the duties of the psychologist, who would still employ psychometric tests. In Toronto excellent results are achieved through the coöperation of psychologists and psychiatrists in the study of cases.

"In another part of the report a recommendation is made for the establishment of a psychopathic hospital in Vancouver. The director of that hospital might, in addition to other duties, give part time to school work."

"All the schools of the province should be visited from time to time by a psychiatrist for the purpose of conducting mental examination of those children who are either pronouncedly backward or peculiar. It is recommended elsewhere in this report that an itinerant psychiatric clinic be established in connection with the New Westminster Mental Hospital, and this organization might then be available for school work. At the outset it would be a large undertaking to investigate the mental status of every school child, although such a procedure is eminently desirable. The itinerant clinic could, however, make a most useful beginning by giving consideration to pronounced cases."

The appointment of a social worker is another measure recommended:

"A social worker with mental-hygiene training would be of great assistance to the special-class system. Such an appointee could with advantage make home investigations, and the information gathered would be helpful in the making of diagnoses and in securing the co-operation of parents and guardians as well.

"It should be ever kept in mind that the function of the special classes consists not only in training, but in observation. A certain proportion of the pupils will eventually prove to be institution cases and their final disposal will depend upon a consideration of characteristics noted in school and, what is quite as important, noted in the home. The careful observation of children outside of school would, as has been stated, come within the scope of the social worker's duties.

"Experience has taught that the particular type of home investigation required for this special work cannot be done satisfactorily by a school nurse unless she has had a training in social psychiatry (mental hygiene). The elucidation of a family history, for instance, with the aim of discovering the truth concerning mental and nervous characteristics of the family involved is highly specialized work and requires not only tact, but wide psychiatric experience."

British Columbia had at the time of the survey no training school for mental defectives. The urgent need for such a school was shown not only by the public-school findings, but by the results of surveys conducted among juvenile delinquents, occupants of orphanages and jails, and sexually delinquent women.

The investigation in connection with juvenile delinquency included the following organizations: the Vancouver Juvenile Court and Detention Home, the Provincial Industrial School for Boys (Vancouver), and the Girls' Industrial School (Vancouver). Mental examinations were given to 155 juvenile delinquents, and of these 91—58.7 per cent—were found to be mentally abnormal, the great majority of them feeble-minded. Of the 19 examined at the Detention Home and Juvenile Court 16, or 84.21 per cent, were abnormal; of the 88 examined at the Provincial Industrial School for Boys, 40, or 45.45 per cent; and of the 48 examined at the Girls' Industrial School, 35, or 72.91 per cent. For these mentally abnormal children, neither the parole system nor the industrial school is an effective reformatory agency. Such children constitute the chief problem in connection with juvenile delinquency, and the only solution of the problem lies in the provision of specialized facilities for their training and supervision. Moreover the establishment of such facilities should be accompanied by legislative action enabling institutional authorities to retain defective delinquents indefinitely.

Two orphanages were visited—the Home of the Children's Aid Society, Vancouver, and the British Columbia Protestant Orphanage, Victoria. There were at the time of the survey 125 children in the former institution. Three of these children were imbeciles. Out of 17 others referred for examination by the assistant matron—because of backwardness in school work and inability to cope with the tasks meted out to the other children—15 were of the mentally defective type and in need of specialized training and custodial care. "A general survey was made of the other children, and it was quite evident that a fairly large proportion were mentally defective. An estimate of 25 per cent defective is probably well within the truth."

Of the 68 children in the Protestant Orphanage, 9 were referred for examination. Four of these 9 were found to be mentally deficient—2 being low-grade imbeciles—and 4 backward.

"It was evident that both organizations could do better work if all their charges were given a psychiatric examination and if the abnormals were transferred to specialized institutions."

A mental examination of a number of the 152 male inhabitants of the Oakalla Jail showed that the usual high percentage (about 50 per cent) were mentally abnormal. "This fact in itself," the report points out, "is conclusive that the proper treatment of the prisoners is not being followed, if reformation, rather than punishment alone, is the goal aimed at. It is self-evident that the mixing of all classes, normal and abnormal, is not the way to develop a system that will discourage the development of the recidivists, restore the normals to confidence and decency, and remove the abnormals from society, where they are a menace both to themselves and the community."

"A brief study of the fifteen women serving sentences confirmed this opinion. We found that eleven were mentally deficient, two were of inferior intelligence, and two probably normal. Of the fifteen, ten acknowledged that they were prostitutes, and nine users of drugs. Surely facts such as these warrant the most earnest scrutiny when the question of the ultimate disposition of the group is considered, and yet Oakalla has nothing to offer in the way of a solution of the problem. It seems absurd to argue that the thirteen defective women should be liberated at the expiration of their sentences, only to return to society, where they have already demonstrated their inability to do otherwise than to act as vultures and distributors of contagion. It is not an intelligent way of dealing with the question. To illustrate the inability of these women to rise superior to their mental hamperings, it may be said they evidenced little or no conception of moral worth, and showed a callousness that would appear unbelievable to people not accustomed to dealing with these classes. Never before have we met with types more hardened than these. They not only discussed their prostitution, but showed no evidence of shame and boasted of the number of men with whom they had immoral relations daily (in some cases 30 to 40). The most degenerate had been living in the Chinese quarters in Vancouver. The prevalence of the drug habit, too, was impressive, and evidently played an important part in submerging the defectives to the lowest depths of vice; indeed, we have nowhere seen demonstrated so clearly the intimate relation existing between the drug habit, defect, and delinquency. Many of these defective and dissolute women were recent arrivals from the United States, and no doubt came to Canada to escape from the severe drug laws in force in the United States."

To determine the relationship between prostitution, illegitimacy, and mental abnormality, studies were made at the Vancouver Jail, the Oakalla Jail, the Central Mission and the Salvation Army Home

in Vancouver, and the Presbyterian Home and the Provincial W. C. T. U. Home in Victoria. The jail findings have already been referred to.

"In the other institutions visited, 29 cases were examined—women who had either given birth to illegitimate children or who admitted sexual immoral relations—and it was found that 28 were mentally abnormal. It is not possible to make any sweeping generalizations from this limited study, because of the comparatively few cases investigated. The findings indicate, however, that mental abnormality and immorality are closely related."

The foregoing facts demonstrate the province's need of an institution in which mental defectives can receive prolonged care and training. It is advised that a school on the farm-colony plan be established on the government property at Essondale, which is amply large enough to accommodate such an institution in addition to the mental hospital already there.

"The type of training school suggested should be constructed along the lines of the institution at Waverley, Massachusetts. At Waverley provision is made for the segregation of defectives according to sex, intellectual development, and behavior. An attempt is made to train all cases to the limit of their capacity. The higher grades are educated in public-school subjects, and boys are given industrial training in agriculture, carpentering, boot making, weaving, while the girls receive special instruction in the household arts."

The burden that is being imposed upon the province as a result of poorly supervised immigration is revealed in the survey's findings with regard to the proportion of foreign-born among the population of hospitals for mental disease and jails.

"Among the insane it is found that while Canadians should, theoretically, supply 43.14 per cent of the admissions to the hospitals for the insane, yet they only furnish 27.28 per cent. In other words, the foreign born constitute 72.72 per cent of the admissions, a showing that is quite out of proportion to that expected. . . .

"The figures for jail cases are even more convincing. An analysis of the records of 3,863 cases shows that only 21.53 per cent are Canadian born, while 78.47 per cent are foreign born."

The report concludes with the recommendation that a mental-hygiene commission be appointed in British Columbia.

"The function of such a commission would consist in making a careful study of the problem of mental abnormality in the province, and of developing a suitable plan for its solution. It should have as its head a well-trained and competent man of high character, in whom the people have confidence, and associated with him should be a well-trained psychiatrist. The latter might with advantage be the

general superintendent of the mental hospitals of the province. A third member of the commission might well be chosen from the legal profession, as so many points of law keep coming up from time to time in connection with all institutions. In addition, there should of course be a secretary.

"This commission should be an independent body, free from political control, but in the confidence of the government and responsible to it. It should be empowered to inspect the activities of all institutions supported by governmental aid."

SOCIAL WORK AND NEUROSYPHILIS. By Maida Herman Solomon. *Social Hygiene*, 6:93-104, January, 1920.

The chief of social work at the Massachusetts Psychiatric Institute discusses here the part that the social worker has to play in the treatment of neurosyphilitics and their families. While the neurosyphilitic has gone a long way from his original infection, his symptoms appearing as a rule from five to thirty years after the original lesion, he is still in need of treatment; and his family, though no longer in danger of infection from open lesions, are likely to have been infected in the past and to show cases either of congenital or acquired syphilis. The social worker, therefore, has to arrange not only for the treatment of the patient himself, but for an examination of his family and the treatment of any cases found there.

"In dealing with the patient, the doctor makes the necessary tests and examinations, decides whether further tests are necessary, whether treatment is worth while, and where it shall be given. The social worker sees to it that all the doctor's recommendations as to examinations, treatment, and home care are carried out. She confers with the doctors on any medico-social problems, talks over social difficulties with patients regularly at the medical clinics, and sees that the social problems are adjusted.

"Again in the family work the doctor and social worker must co-operate. The social worker deals with three groups—the married, the unmarried youth, and the unmarried adult. In group one, when the original patient is married, the spouse and children are examined. In group two it is suspected that the patient may be a congenital syphilitic; the parents and all other children under eighteen are therefore examined. With group three, the unmarried adult, the social work is relatively simple. Assuming that the syphilis was acquired in adult life, no family examination is entailed and all that is necessary is to see that the patient himself is adequately cared for.

"In dealing with the first two groups, considerable social effort is involved in persuading the families to report to the hospital, where

they are turned over to the physician, the psychologist, and the outpatient historian. An examination is made; a family history is taken for adults—with reference to possible infection, history of pregnancies, occupation, income, and status of spouse; and one for children—with regard to development, diseases, education work, recreation, and character. Often one examination is not sufficient for diagnosis and the worker arranges to have the relatives return for repeated or periodical examinations. If syphilis is found, arrangements are made for treatment.

"It must be remembered that while the examination is medical in character, its results cannot be conserved without the aid of the social worker. Experience has shown that a high percentage of success is secured only by the persistent follow-up and persuasion of the social worker. Without such a follow-up many families ignore the appeal to report to the hospital. It is obvious that the physician cannot handle this part of the work."

To prove the necessity for the examination of the families of syphilitics and neurosyphilitics, figures are cited from a recent comparative study of 160 families of neurosyphilitics (general paretics) and 72 families of syphilitics (non-paretics). Of the 226 individuals examined in the first group of families, 23 per cent were found to have a positive Wassermann, and of the 91 individuals in the second group 35 per cent gave a positive reaction. The rate for syphilis infection in the population at large is given as from 5 to 15 per cent, and the rate among yearly admissions to the Psychopathic Department of the Boston State Hospital is from 12 to 14 per cent. "It is apparent that the rate of 23 per cent occurring in the families of neurosyphilitics is considerably higher than is found in any random series of cases." Figures are also given to show the deteriorating effects of syphilis upon family stocks, as evidenced in sterility, abortions, miscarriages, still births, and early deaths.

Taking up some of the problems connected with the work of a neurosyphilitic clinic, the author discusses first the question of financing the treatment, which must continue over a long period of time if it is to be of any avail. Massachusetts has solved this problem by providing for free treatment as well as for free diagnosis and at present is "supplying all authorized clinics with free arsphenamine, not only for infectious cases, but also for chronic forms, including neurosyphilis." It is the author's hope that all the state governments will in time adopt this plan.

The economic aspects of syphilis and neurosyphilis present another serious problem. "The care of cases of neurosyphilis in insane hospitals reaches high figures and means a large tax on the com-

munity. Congenital syphilites fill our feebleminded, deaf, dumb, and blind institutions, and are a considerable problem in children's hospitals. Victims of locomotor ataxia become industrially incapacitated, and many are cared for in state farms and hospitals. . . .

A neurosyphilitic may become industrially disabled so that he falls below his former earning ability, and may be permanently incapacitated. He may become a burden upon the home so that the wife and older children must go to work or receive charitable aid. If he is committed to an institution, the home is no longer the basis of family life, but is apt to be broken up, and the children placed out or adopted.

"The possible remedies are medical and social. More efficient early treatment of syphilites will lessen the number of neurosyphilites. Prompt treatment of neurosyphilites will put off the time of incapacity and institutional care. But, even so, the results of late treatment are not perfect, and the patient rarely reaches his former industrial level. The social worker can do much to encourage the patient over a long period of treatment by finding out just what industrial qualifications he has and securing a job which will aid him to retain his self-respect and help support his family. In early syphilis, the man is not incapacitated and the family unit is retained. As has already been pointed out, in neurosyphilis the family is apt to be broken up and the wife forced to earn her living. The social worker can help make these new conditions easier by encouragement and plans for readjustment."

Other important questions have to do with the amount of information to be given the patient or his relatives. Shall he or they be told the exact nature of his disease? If so, who shall give the information, the doctor or the social worker? In the author's opinion, if the patient is fairly competent mentally, it is essential that he be told just what is the matter with him. Otherwise it is almost impossible to gain his coöperation for the long and irksome course of treatment he must undergo. The same argument holds with regard to explaining the situation to the relatives of a patient whose own mind is not clear enough to grasp it. Also, in cases where it is difficult to persuade a patient's family to submit to examination, the author believes that the necessity for such an examination should be made clear to them.

"This brings us to a consideration of the neurosyphilitic and marriage. A doctor's hesitation to divulge the fact of neurosyphilis to the future mate shows an individualistic rather than a community point of view. The chances of conjugal infection from neurosyphilis are slight, yet at best a neurosyphilitic is not apt to be a satisfactory husband in the light of probable loss of mental capacity and inability

to support a home. Let the future spouse be supplied with all the facts as a basis for judgment. Syphilis need not figure in the discussion as a moral disease or stigma. All information should be given verbally as a protection against legal action for slander."

As to who shall give the information, the best person to do this is the physician on the case. Where the physician cannot do this and there is a choice between not telling and delegating the authority, the social worker should, the author believes, receive "permission from the doctor to give out the information necessary in order to bring about treatment or family examination. Many doctors hesitate to give this permission, fearing some family trouble as a result or some accusations against the organization. There is always a modicum of risk, but I feel that the time has come when the doctor must assume this risk. It implies chiefly confidence in the social worker's intelligence and skill, and willingness to stand by the principle of telling the truth. There can be no real advance in the work unless this is done. The federal and state authorities have set the precedent of more frankness and it seems to me that the doctors and hospitals should follow suit. No family upheavals nor any undue unhappiness has resulted from our handling of several hundred cases in this manner."

In answer to the question how the results of syphilis—familial and economic—may be combated, the author has this to say:

"By diagnosis, made possible by family examination, the spread of the disease can be checked; symptoms can be anticipated, and hope can be offered for healthy children if treatment is applied to the parents before the children's birth. Much can be accomplished by co-operation between the doctor and the social worker, social agencies, social legislators, employers, and employees, and by education of the public to the recognition of syphilis and neurosyphilis as a family and a social rather than an individual problem."

THE PRESENT ATTITUDE OF EMPLOYEES TO INDUSTRIAL PSYCHOLOGY.

By Susie S. Brierley. *British Journal of Psychology*, 10:210-227, March, 1920.

The writer approaches this analysis of the antagonism of organized labor to industrial psychology with the point of view that an understanding of this antagonism cannot be reached by a study that confines itself strictly to the world of industry—that the attitude of the worker toward his work is not determined purely by economic considerations such as hours and wages, but is conditioned by the many social and ethical relationships of a complex civilization. The "economic man" of the economist has no meaning for the psychologist;

he must "face the whole problem of human nature in industry," must remember that "from the larger social standpoint, the laborer is not merely a factor in production, but himself gives meaning to the process of production. Not only are his material needs to be met directly or indirectly by what is manufactured, but his life, the life of a human being, is to be expressed in the social medium that his work conditions provide. The office, the factory, and the workshop are part of the field in which men and women live out their human relationships, part of the means by which citizens exercise their civic functions, part of the education by which they grow to full moral height, and the psychologist must remember these wider aspects if he is to understand the worker's responses."

From this psychological standpoint, the writer discusses what seem to her the main factors that determine the attitude of the workers, and especially the educated among the workers, to scientific improvements in management. Briefly, these are as follows:

(a) Suspicion on the part of the workers of the motives behind the attempt to change industrial practices. This is due partly to the normal functioning of the herd instinct and partly to a caution born of past experience. "This distrust is, moreover, subject to a pathological exaggeration, which itself serves to intensify the antagonism." In regard to this pathological element, the author notes "the suggestion made by Mr. Graham Wallas, and developed by Mr. Ordway Tead, in special reference to the life of the industrial classes, and supported also by many general considerations of pathology and physiology—namely, that it is the dispositions which that life 'balks,' the instincts which it represses, that give rise to the pathological element in their reactions."

(b) Jealousy for the solidarity of workers. This is partly a manifestation of the herd instinct and partly a rational fear "of anything that holds possibilities of the weakening of trade unionism and of danger to the hard-fought-for principle of collective bargaining." In the writer's opinion, it is the intelligent, educated workers who are most opposed to the introduction of any methods in industry that would be likely to weaken the general organization of labor. "The educated workers know how intimately the progress and welfare of their class have depended upon group organization, and they understand, moreover, that the general good of society is enhanced by improvement in the standard of life of its laborers. The mere herd impulse is thus with them largely transformed into an intelligent conjunction of purposes." The industrial psychologist can best obtain their coöperation and good will, not by the appeal of immediate personal advantage, but by convincing them that the whole labor world will benefit permanently by the new methods.

(c) Fear of increased monotony. In discussing this and the two succeeding factors—(d) dread of loss of craftsmanship and (e) emphasis on the value of human personality—fundamental difficulties are encountered whose significance cannot be appreciated “without going out beyond the bounds of the workshop into social and civic relations.” This set of influences may perhaps be summarized in the statement “that the workman, stimulated by the growth of political democracy and by a measure of education, has arrived at and holds firmly to a conception of his own human dignity and of the basic value of human personality. This is now so vital to him that he dreads and resists any industrial development which appears to him to hold possibilities of increasing the already crushing effects of industrial life upon that personality.”

It is a widespread belief among workers, for instance, that “the analysis and re-synthesis of operations by motion study and time study” will inevitably tend to increase the monotony that has arisen in modern industry as a result of the subdivision and mechanization of labor and the stereotyping of operations. “The psychologist,” says the author, “usually makes the rejoinder that the monotony is there in any case, that the workers will fall into some stereotyped habit or other, and that it is better that that habit should be an intelligent one, based on science rather than on accidental circumstance. Such a reply appears to be sound argument provided one takes the monotony to be inevitable. And it is extremely difficult to see how it can be obviated for the great mass of workers in large-scale industry. Yet it appears to me that in falling back on its inevitability, we are rather shirking the psychological issues. It might conceivably turn out to be true that on psychological grounds the far-reaching effects of continued monotonous occupation were so dangerous to members of a highly complex civilization as to make it worth while to reorganize our methods of production, root and branch. I do not suggest that this is so, but only that it might be so; and that it is for the psychologist to develop its full implications.”

The fear of a still further loss of individual craftsmanship as a result of the new methods is closely connected with the fear of an increase in monotony; both are fundamentally a dread of any process or policy that may lead to the further dehumanization of the worker—that may tend to make him still more of a tiny cog in a vast machine. To the psychologist’s argument that the scientific study of industrial relations does not create the specializing tendencies of industry—which are inevitable in any case—but simply seeks to “reap the fullest advantage of modern machinery while avoiding its evils,” the workers answer that this is a matter of the spirit in which the study is un-

dertaken. What are the ends that the industrial psychologist has in view—the narrow one of increasing production or the broad one of increasing human well-being and happiness? To what is he giving first consideration—things or men? "They do not deny the need for production, but demand some social guidance of the purpose in relation to moral ends. Moreover, they are seeking to find in their daily occupation a true vocation—one which shall develop them further in their manhood and employ the balanced powers of mind and body," and they are arguing that "the assumption by the worker of some measure of genuine control of industrial processes is the only way in which it is possible to restore to the vast, dehumanized machine of modern production any true satisfaction for the workmanly and creative impulses of the bulk of those whose destiny it controls. This is their answer to the problem of over-specialization, to the question of how the technical psychology of industrial processes can be made to serve the greater human purposes."

The writer does not attempt to discuss this highly controversial subject of giving the workers a share in the control of industry. She simply points out that their demand for it is a psychological question, and that it is the business of psychologists to deal with it not by labeling those who make it as mere "agitators," or at best as "idealists," but by inquiring what psychological influences lie behind the demand. Her own interpretation is that "this conscious self-assertion and the desire for self-government in industry are the inevitable outcome of the growth of political democracy, of the complex demands that civic and national life is now making on the personality of all its members, and of the wider and freer education that recent years have brought to many," and she questions whether it is "psychologically possible to have docile, externally controlled workers in industry who are yet free, intelligent, and responsible members of a democracy outside it."

Her conclusion is a plea to psychologists to face these larger, more vital issues: "The workers come to psychology as to the human science, the science which, whatever else may be prostituted to meaner ends, will of its essence consider the whole man in all his relations. It is for us more than for any other science to lend our knowledge for the re-creation, not only of industry, but of human society. To do this we must see the lesser in relation to the greater and keep our vision whole."

BOOK REVIEWS

THE ADOLESCENT GIRL. By Phyllis Blanchard, Ph.D. With an introduction by G. Stanley Hall. New York: Moffat, Yard, and Company, 1920. 242 p.

This very interestingly written book sets out "to provide the adolescent girl with definite information concerning her own nature and the powers that are latent within it, and to point the way to a proper utilization of her energies." The book reflects a strictly genetic point of view, and psychoanalysis is definitely accepted as the method of approach in studying and managing the problems of adolescence. Since very little dependable information is at hand concerning the nature and mechanism of adolescence in the girl—according to Hall, "the psyche of the budding girl has seemed about the very most unknown of all the great domains of psychology"—there is undoubtedly a great need for a book which attempts to throw light on this important subject.

The author has the unqualified endorsement of Professor G. Stanley Hall, and the excellent manner in which she has handled the extensive literature on genetic psychology ought to bespeak for her book wide and serious attention.

To the reviewer the book commends itself most particularly on account of the richness of first-hand clinical material, put in a simple, readable manner, the frankness with which the author has handled the subject of the instinctive determinants of conduct, and finally because it reflects throughout a "mental hygienic" rather than a therapeutic aim. It sets out to "educate" rather than to "medicate."

Agreeing with Hall's conception of the phenomena of adolescence—namely, "as the entrance of the individual into the larger life of the race, so that the psyche reverberates with the phyletic memories lying deep within the nerve plexuses and ganglia of the subconscious far below the level of consciousness; feels the impulsion of irresistible forces which urge the boy and girl to express in their own person the myriad activities which have characterized the stirps in the long æons of development; and is flushed with that mighty creative energy which has forced the living organism to ever higher forms of existence and now impels the adolescent to be and do all things in his own person," the author does not believe that these phenomena can be sufficiently explained by the physiologic and metabolic changes, but that genetic psychology might offer much help in understanding their significance.

With this in view, she summarizes in one of the clearest and best statements we have ever seen the contributions of Freud, Adler, Jung, Maeder, and of some of the philosophers who have concerned themselves more directly with the nature of the life impulse, and sees in the conflict between the strivings of the egoistic and the racial instincts for the domination of the personality one of the main causes of the "storm and stress" of adolescence. She pleads for a frank facing and recognition of the "unconscious elements" which have so much to do with the shaping of the adolescent's strivings and tendencies, since then only is there a possibility of utilizing these forces for higher and socially valuable purposes.

"Because these deeper racial instincts have so long been unrecognized and unclassified, the adolescent girl's rebellion against the influences that tend to cramp her development is misguided by the adoption of a false set of standards, so that instead of seeking an expression of her own peculiar nature and making her own unique contribution to the race, she has sometimes attempted to follow the man-made path instead of blazing the trail for herself. Only when she awakes to the fact that her rôle in the world order is as primeval and significant as man's, only when she solves the conflict within her soul by yielding completely to her deepest emotional nature, will she achieve the proud position for which she has been longing, and find herself forming a part of the dual power which is needed for racial salvation, a power in which the quick sympathy of woman supplements the slower intellectual guidance of man; and it is only as she attains this position, which is so entirely in harmony with her whole being, that the adolescent conflict in the individual and in the race will be finally and rightfully solved."

The intimate self-revelations of young college and university women quoted by the author add very much to the value of the book, which might be read with considerable benefit by every one interested in this problem.

BERNARD GLUECK.

New York City.

THE SELF AND NATURE. By DeWitt T. Parker. Cambridge: Harvard University Press, 1917. 316 p.

In spite of the doubt that the vast accumulation of knowledge has cast upon the possibility of attaining to a view of the whole of things, attempts to arrive at such a view continue to be made. A recent example is DeWitt H. Parker's volume, *The Self and Nature*. For a metaphysician, Mr. Parker is remarkably short-winded. He takes only a little more than three hundred rather small pages to record

his "first-hand attempt to think through the great problems of philosophy" and to "project a total vision of the world." Nevertheless, he aims not only at the "integration" of the larger facts and broader generalizations of science, but at their interpretation through a comprehensive analysis of experience—of experience not as given, but as imaginatively extended through the following-up of motives found within it, but leading beyond. This was for him "a personal, an unavoidable quest, an intellectual adventure," and the book is an invitation to the reader to follow the author's trail.

The thing about Mr. Parker's book that strikes the reader at once is not commonly associated with philosophers: his style is clearness itself; it is entirely free from the professional jargon which has tricked many into believing that they were developing ideas when they were only beading words. Moreover, while the author has obviously lived with scholars and books, one gets the impression that he is very much at home out-of-doors. Woods and winds and wild flowers nudge his elbow as he writes, and the blue sky visible through his study window (it seems never to be clouded) is as intrusive as the sound of his typewriter. If one may venture another and a somewhat more hazardous guess, it is that he is less interested in the man in the street—in that swarming covering of the earth generally referred to as "the masses," but secretly often spelled with the *a* changed to an *e*. All of which guesses are suggested by a personal quality in the author's style which saves this discussion of abstract philosophical problems from being in the least abstract. Whatever else may be said of the book, it is readable and understandable.

One sacrifice made by Mr. Parker "for the sake of simplicity and continuity of writing" is deplorable—namely, his repeated failure to indicate what particular author he is criticizing and where the passage objected to may be found. It is not my intention to suggest that Mr. Parker's book should have been longer. Heaven knows, brevity is not a fault of metaphysicians. But the trail the reader is invited to follow is much too easily lost owing to the author's habit of making short cuts through difficult territory. Indeed, for all the reader can tell, the author himself may at times be lost. In the Foreword, to be sure, Mr. Parker excuses himself for not making more acknowledgments in the body of the text. He is moved to do so, however, by a gracious fear that he may not have made sufficiently clear his indebtedness to his teachers. Another reason for a generous citation of authors does not seem to have occurred to him. The reader might be interested in the author's views, not primarily for themselves, but as a contribution to philosophical discussion. On account of its shortness and the nature and range of its subject matter, the book is full of highly condensed statements of other men's views. And since

there is often no indication as to how the author's criticism of these might be followed up—indeed, since sometimes it is quite impossible to determine the identity of the writer under criticism—the book, unless thought of as an enlarged seminar report, invites to superficial rather than to thoroughgoing consideration of the problem. It appears that Mr. Parker was sufficiently aware of his obligation to his teachers, to his "chief," and to himself, but not to the serious student of his work.

The most pithy chapters in the book (which one wishes had been more fully done at the expense of others) are those devoted to the discussion of self, mind, and personal identity. Mr. Parker rejects the pure ego concept of the self to which all experience is said to be given, and backs up his rejection with cogent argument. He defines self as a unit of activities such as instincts, purposes, choices, satisfactions, dissatisfactions, opinions, thoughts, memories. Images, however, and bodily feelings of all sorts, while intimately associated with and inseparable from these activities, are held not to be part of the self. Still less so are colors, shapes, and sounds. The self experiences—or, as Mr. Parker puts it, finds—colors, shapes, and sounds, and this finding is evidence of a close tie. Which brings us to the author's distinction between self and mind. "I find myself connected with all found things," says Mr. Parker, "in a way which does not exist between me and things which I do not find. I find, of course, thoughts of these latter things—a thought of my reader and New York, for example; but what these thoughts mean, the things themselves, I do not find. The things which I both mean and can find—the blue of sky and sound of typewriter, for example—are all in contact with one another and with the self, with the thought that means and the pleasure that is taken in them; but between the things which I mean and cannot now find and those which I do find there is no such contact. . . . There is, therefore, a contact of the self with things which are no part of it; with these it makes a whole from which all things which it cannot at the moment find are excluded. Let us call this whole of things findable a mind or consciousness." The mind is thus a whole constituted of the self and what the self finds. This latter may be called content. "The activities are interwoven among themselves and with the content, and this woven web is the mind."

To establish this theory of the self, Mr. Parker employs a light-hearted logic that is disappointing. There may, for example, be a good reason for calling thoughts a part of the self and images not, but the reason is not obvious—if it exists. One's thought of New York is, according to Mr. Parker, a part of the self; then why not such images as one has of the metropolis? One may, of course, define the

self as one pleases, but if discussion is to arrive anywhere, distinctions should be made according to some principle. The principle used by Mr. Parker is elusive. One concludes at first that everything is a part of the self which, if thought out of existence, would take the self with it. This is the reason given for making interests, thoughts, purposes, opinions, etc., parts of the self. But it seems rather clear (unless one arbitrarily will not have it so) that to think away images, bodily feelings, etc., does like violence to that mysterious complexity one refers to as oneself. One concludes next that the test is intimacy of contact. We are told that "my strivings are always inwrought with strains; my desires are always hugging some image of shape and color; my pleasures and pains are penetrated with organic pressures and touches; my thoughts and memories are constantly interwoven with pictures of their objects. And this intimate relation of all these doubtful things to the activities is, I think, the ground of our identification of them with the self." Moreover, the self is never confused with what we ordinarily call things, "because never in so intimate connection." But, again, it seems purely arbitrary to hold that my thoughts and memories are more intimately mine than "the pictures of the objects" without which the thoughts and memories cease to exist. A third test appears to be suggested—namely, appropriation. We somehow "own and appropriate" our opinions, which thereby become part of the self. Well, do we not own and appropriate our images and our organic pressures and touches? I am not contending just now that images, organic feelings, etc., must be included as part of the self; in other words, that the author gives the best definition of self in a moment of forgetfulness (unless I misread him) when he says: "The self consists of the activities, of striving, feeling, and thinking, in their various modes and with their attendant images and organic reverberations." I am here concerned with the writer's logical method. I am saying that in a book proposing to think through the great problems of philosophy, the author shows too much of a tendency to rely upon his *ipse dixit*.

The point is so central and the defect so characteristic of the book as a whole that a few more illustrations are in place. As one of these, we may take Mr. Parker's way of meeting the contention that the self includes not only what he calls activities, and not only images, feelings of stress and strain, but also colors, sounds, odors, and so on. "This whole is often called the self," says Mr. Parker, "but improperly; for the self, as we have seen, is only one part of it." Of the same style is his interchangeable use of "found" and "findable" in referring to the content which, together with the self, makes up the mind. "I find myself connected with all found things [the blue sky and such of the typewriter as I see] in a way which does not exist be-

tween me and things which I do not find [my reader and New York].'" "Let us call this whole of things findable a mind or consciousness." Now the trouble is that found things and findable things are not interchangeable in everyday life. Obviously, while the part of the typewriter which is not seen, the reader, and New York are not found and thus are not part of the self, they are all findable and thus are part of the self. Nor is this criticism a fallacy of accident, since it is upon the distinction between found and not found or between findable and not findable that the author bases his doctrine.

Finally (to limit ourselves to one more example) in meeting the objection that the reduction of the self to activities destroys the self's unity, Mr. Parker holds that this criticism has its basis in an exaggeration of that unity, and goes on to say: "At any moment the self is a whole complexity of interwoven acts; yet there is sufficient independence among them to permit of the direction of one upon another. In other words, a part of the self discovers the rest." Would it be unfair to ask, in passing, whether this is what is meant—that a man is constituted a unified self at, let us say, the breakfast table in that his desire for a lump of sugar in his coffee is also directed upon his curiosity to know whether Babe Ruth made another home run yesterday, and this latter in turn upon his more or less vague consciousness of after-breakfast duties, and so on? At the moment when one activity discovers another, Mr. Parker continues, "I am at once the act of the discovery and the other acts." Undoubtedly; but that is merely a restatement of the problem. It in no way shows how the desire for sugar in coffee, curiosity about Babe Ruth, and consciousness of duties to be done discover one another. "This," as Mr. Parker well says, "is undoubtedly a difficult situation, as every psychologist knows, and is the source of all uncertainties in the theory of the self." And the difficulties and uncertainties are not cleared up in the least by the assurance that "the difficulty is not insurmountable and we do actually find our activities," nor by what follows. For after a destructive criticism of various theories that purport to account for the self's unity, we are told: "Well, the unity of the self is open for any man to inspect; let him compare the appropriateness of the expressions which we shall use to describe it with the evidence of his own experience. The unity, we say, is an interweaving of the activities. It is nothing besides them; it is a growing together of them, an interpenetration of them. Just as color and shape are grown together in a flower, so thought and feeling and striving are grown together in the self." It is nothing to Mr. Parker that the "grown together" in the case of the flower is a totally different thing from the "grown together" in the case of the self. Such little matters are forgotten under the spell of metaphorical language. Or per-

haps the color of the rose discovers its shape, the shape of the rose its odor, the odor again the color. One thing is clear. No man who feels it necessary to assume a self back of experiences to unify them will be persuaded that Mr. Parker has suggested a possible alternative.

To stop at this point in the analysis of the book would leave an entirely erroneous impression. Mr. Parker is an original, provocative thinker and the student of his book will find it the *terminus a quo* of any number of interesting speculations even should he be unable to persuade himself that it is an acceptable *terminus ad quem*. That the author's ventures are in general lacking in evidentiary support in no way detracts from their suggestive value, as it in no way proves them unfounded. Indeed, if one must choose between an intellectually daring and a logically rigid philosopher, there is much to be said for choosing the former. Mr. Parker is something of a dare-devil in philosophy. One may or may not regret that he risks himself in his high performances without spreading a net beneath, but one is at all events assured a thrilling experience. Take, as an instance, his contention that time intervals mean interruptions, but not necessarily change in the thing interrupted. As Kant argued that existence is not a quality of objects, but a relation of the objects to some system of reals, so Mr. Parker may be said to argue that time is not a quality of objects, but a relation they bear to one another—a suggestion that blows over the arid discussions of the time problem like a fresh breeze over August fields.

With this conception of time as key, Mr. Parker is prepared to offer to the reader an equally refreshing discussion of personal identity. Why is there a problem of personal identity? We first conceive of time as a series of unique moments, he says, and then, since separate experiences must take place in different moments, they are conceived to be necessarily unique. Thus the self is shattered into bits, into bits beyond repair. "The whole difficulty rests," is Mr. Parker's interesting suggestion, "in the supposition that the present thing has its double back in the past; that there are two existences which, *qua two*, cannot be identical. But a difference in moments," he continues, "does not argue a difference in existences; for the same thing may exist at many different moments and quite irrespectively of whether they are continuous or discontinuous. . . . When an experience disintegrates, it ceases to exist absolutely; but now this very thing may be reintegrated; that which ceased to exist may come again into existence. And its sameness is not of mere quality as distinguished from numerical or existential sameness. . . . But the very stuff of the old is born again, and when reborn, is the same past thing which was destroyed and ceased to exist until now."

Perhaps this is sufficient to convey something of the independent, creative character of Mr. Parker's work. A like quality characterizes the chapters entitled *Causality, Space, Time*, and the brief deliverance of a detached soul which forms the conclusion of the volume. Nor is it my intention to imply that these novel and stimulating ideas are thrown out at a venture, that they are like Melchizedek, without father or mother or descent. On the contrary, they are often enforced by penetrating analysis and rigorous ratiocination. At the same time the feeling persisted throughout the reading of the various chapters that something remained to be done to give the work solidity; that the author was somewhat too ready to take it for granted that the issue had been closed when it had only been fairly started. This characteristic of the book suggested an occurrence in a nearby city. The analogy must not be too seriously or strictly taken, but it is not entirely without point. A well-known character in this city, otherwise normal, felt himself to have been selected by God to repeat the original creation of man out of earth. Many were the hours he spent on the lake shore devoted to his divine commission, but wind and weather and small boy were persistent obstacles to the completion of his task. On a certain lucky afternoon, however, he made unusual progress. The next morning would see the long-desired consummation. Alas, catastrophe again overtook the work! Coming to the beach when the first blush of dawn touched sky and water, he missed the familiar shape he had left the night before, while moving about near its former place he descried the appearance of a man. With tears in his eyes, he stepped to this figure and moaned:

"Oh, friend, what made you walk off before you were finished?"

M. C. OTTO.

University of Wisconsin.

MENTAL, DIVINE, AND FAITH HEALINGS. By J. Maephail Waggett.
Boston: Richard G. Badger, 1919. 259 p.

In his preface, the author sets forth his problem as being an inquiry as to the nature of "divine healing, faith healing, mental healing, and the like;" whether they express the influence of some transcendental power or whether they are the result of recognizable natural processes; if the latter, how are the cures brought about and what are the limitations of such methods? Scientifically treated, these problems should furnish material for most valuable studies. As a matter of fact, what the author offers us is the conclusion that faith on the part of the patient determines the success of all cults which attempt religious treatment of disease, and that the proper field for such labors is that of functional nervous disorders, while the

health of individuals suffering from some organic diseases may be improved by similar procedures. In other words, his solution is in terms of what most intelligent laymen know and have known for years.

The book is a queer mixture of mystical visions and parables, in which the author describes the psychology of the unconscious and of suggestion; of banal exegetical discussions of the New Testament and descriptions of Christian Science, New Thought, etc. As a climax, a philosophy of life is offered which is not likely to create much commotion by its novelty. It amounts to this: Make the best of life and you will get the most out of it.

The style is ambitious from a literary standpoint, but commonplace in execution. Further, it is marred by occasional gross carelessness, as when the author uses the word "psychopath" for psychopathologist. It is difficult to imagine any one but the author finding either inspiration or instruction in these pages.

JOHN T. MACCURDY.

New York City.

HUMAN PSYCHOLOGY. By Howard C. Warren. Boston: Houghton Mifflin Company, 1920. 460 p.

The essential function of this volume is to give the student of psychology a mastery over some of its conceptual tools. Few will be found to dispute that this has been well done. The discussion of "attitudes" in particular is a conceptual addition of the first importance. The "attitude" toward the extreme behavioristic position is very just; nor does the analogy of the humoral doctrines and the data of modern endocrinology escape critical notice. One may rejoice, more than for ninety and nine good behaviorists, in the definition of psychology as concerned with "the events which occur in the active give-and-take relations between organisms and their environment." The book bears evidence of the great teaching experience back of it, and with its frequent summaries and synoptic classifications is excellently adapted to the teaching of its subject matter. To the student who does not follow the book in lectures, a most helpful feature could be added in a comprehensive glossary of technical terms, giving their comparative definitions with a fair amount of detail.

Within these limits and for these purposes, the volume may be cordially recommended. It is possible that no better book of its kind will be subsequently produced, as most of those who now take up psychology are not trained to capacity for the type of thinking that the production of such a book demands. From this angle the question must be raised of how far this book, offered as introduction to a

fast-evolving science, really represents the current trend of thought in that science or the considerable changes that have come over its aspect in recent years. It seems scarcely so representative to "let off" the matter of ideational and motor testing with half a dozen pages, or to give the sexual reactions about one page out of 446. The dominant feature of the last decade in psychology has been the establishment of contacts with concrete problems of human behavior. Professor Warren's department has not been without its own contributions thereto, and the brief allusions to the applied field are characterized by the critical insight to be asked of the specialist in it. Plainly the author is far from ignorant of much that he chooses to pass by; but this hardly removes the objection that the book is not representative of what contemporary psychology is, however it may reflect what certain authority would prefer to have it. Accordingly, the text is too like a set of directions for manipulating concepts. In teaching from it, a great deal will depend on how much is made of the "exercises" that accompany each chapter. Objections to the over-conservatism of the text will practically disappear if enough is made of these—enough being much the major part.

In sum, this is a most scholarly work, which in the beginning, and generally in outward semblance, gives promise of breaking fairly away from the traditions that produced the behavioristic schism, but which is found to be still heavily burdened with the inheritance of formalism, only partially offset by its clearness, criticism, humor, and tolerance.

No one informed on the matter regards the objection raised as characteristic only, or indeed chiefly, of the present volume. The scientific mind is not always averse to haggling over definitions of abstractions in terms of each other. Psychology has had all its share of sophisticated dialectic, the heritage of what Jung called the sublimation of mythology. The unsublimated equivalent is the story told of the ecclesiastical body which had just abrogated a doctrine of infant damnation.

"Now, gentlemen," exclaims one of the assembly, "I move this be made retroactive!"

F. L. WELLS.

McLean Hospital.

THE PSYCHOLOGY OF DREAMS. By William S. Walsh, M.B. New York: Dodd, Mead, and Company, 1920. 361 p.

This book was written for the general reader, with a view to promoting a better understanding of normal and abnormal mental processes. There are seventeen chapters, all of which deal with various

aspects of dreams. The author gives a historical sketch, and mentions one of the first of ancient theories in regard to the dream state—that of Hippocrates, 460-354 B. C., who thought that in sleep the soul stole over the body, seeing, hearing, touching, reflecting, grieving, and that such activities constituted dreams. The author has given data from many of the present-day psychoanalytical works, of Freud, Brill, and others.

The chapters deal with *The Mind in Sleep*, *The Material of Dreams*, *The Instigators of Dreams*, *Dreams as Wishes*, *Typical Dreams*, *Nightmare*, *Daydreams*, etc.

The chapter dealing with daydreams is especially interesting and instructive and, like the other chapters, is written in so clear a manner that the beginner will have little difficulty in becoming acquainted with the dream mechanism and its meaning. However, it would seem that such a subject would demand more detail, especially dealing with the disastrous results that follow daydreams, and it would be well to show broader methods by which these abnormal states could be aborted and the striving directed into more constructive channels.

On the whole it can be said that the work is an excellent medium for the student who wishes to become acquainted with the workings of the unconscious, and that it should prove helpful to the layman, who, by reading its pages carefully, can gain an understanding of the mental processes that control to a greater or less degree our daily actions, making us productive or deficient as the case may be.

L. PIERCE CLARK.

New York City.

PERSONAL BEAUTY AND RACIAL BETTERMENT. By Knight Dunlap.
St. Louis: C. V. Mosby Company, 1920. 95 p.

This book is stated to be a brief and clear presentation of the central problems of eugenics, as seen from the viewpoint of physiological psychology. It consists of two parts: (1) the significance of beauty, being the reprint of a lecture, and (2) the conservation of beauty. In the first part, the author refers to racial characters and racial antipathy; also to the dislike of a significant deviation from the average, of which the antipathy toward racial differences would seem to be a special case. He refers, also, to disease, deformity, and mental and physical weakness as peculiarities that are usually shunned in marriage. He describes in some detail the reaction of young people toward stature in other young people, of bodily proportion, features, hair, fat, complexion, muscular tonicity, and poise, and he finds a biological and eugenic value in those conditions that will most generally be selected.

Part two deals with the conservation of beauty. The author states: "Human beauty, as we have pointed out, is a sign of fitness for parenthood; fitness to propagate children who shall be able to hold their own in the mental and physical struggle with nature and with their human competitors. It is the sign which is intuitively recognized by the race and upon which the process of sexual selection is based. It, therefore, is nothing superficial; it is the external appearance of the germinal potentiality which is the most important of all things for society."

The author notes that the progress of civilization has obstructed the propagation of the fittest and facilitated the multiplication of the unfit by the development of surgery, pharmacology, and prophylaxis with large funds and personnel to apply them. Thus the less resistant, the less virile have been given a greater ratio of survival.

A second way in which civilization interferes with the conservation of the desirable human qualities is in setting sexual values that conflict with those of beauty and that obscure and override them, such as desire for economic advancement or the fulfillment of special ambitions.

He considers practical steps in conservation, and of these he regards education and publicity as all important, as leading to a reduction in the number of cases of marriage of the feeble-minded and those with hereditary insanity or criminal tendencies. He doubts if sterilization will ever become popular and sees a danger that, as it should, it would be placed in the hands of the medical profession *as such*—a guild whose "rank and file are properly ranked as skilful technicians and not above the average of the middle-class in intelligence and morality. The commission to such an organization of such sweeping control as is contemplated by the proponents of sterilization would be a political revolution of a most portentous nature." Dr. Dunlap believes that some improvement in sexual selection can be brought about, though not by Plato's scheme, in which the state cares for offspring, as all experience shows that an institutional care of babies can never replace the parental instinct. He would wish to see a decline in births among the classes unduly multiplying, but how to bring this about is the rub. He refers here to the over-limitation of offspring on the part of the most beautiful and effective. He finds cause for regret that so many public entertainers, such as actresses, singers, chorus girls, and dancers, should be withdrawn from motherhood and child rearing. The author concludes that the "conservation of beauty is *the* problem of to-day and of all time," and believes the solution of the problem to lie in education and publicity.

The foregoing essays are well written and attractively presented. The general point of view is, of course, not novel, but there are de-

tails of observation and reflection that make the book well worth publication and wide reading. No doubt there are statements of opinion which are merely such, and not based upon a proper body of fact. A difference of opinion might be allowed on certain points, such as (p. 20) "all dark races prefer white skin." No doubt mulattoes do, but there is abundant testimony that the full-blooded negro prefers mates of his own color. Again, the author is somewhat embarrassed by the fact that women show a preference for large stature, though he thinks that they prefer mates whom they can control physically and in every other way, for "the instinct to dominate is inherited in every human being." One wonders if that is good psychology and if the instinct to be dominated is not widespread especially among women. Is it true, also, that (p. 79) "the wealthier the match, under present conditions, the less the probability of [the beautiful woman] bearing children"? A limited experience would seem to indicate that the restriction of children is commoner in people of moderate income than in the very wealthiest. With the main conclusion of the author it is believed there will be little dispute—namely, that progress in the conservation of beauty can be made by education and the gradual building up of eugenical ideals in the population.

CHARLES B. DAVENPORT.

Cold Spring Harbor.

HYPNOTISM AND TREATMENT BY SUGGESTION. By Albert E. Davis, Hon. Physician to the Liverpool Psychotherapeutic Clinic. Liverpool: The Liverpool Booksellers Company, Ltd.; London: Simpkin, Marshall, Hamilton, Kent, and Company, Ltd., 1919. Second edition. 124 p.

It is important for the advance of the mental-hygiene movement that the layman should have a thorough working knowledge of what modern psychotherapy can do. This little volume presents in a sketchy, but convincing way the progress of medical science of recent years in treating, not only difficulties which appear on the surface to be psychological in origin, but also many others which the layman is apt to regard as physical disease. For one who is totally unacquainted with psychotherapy, this book should be an excellent introduction to knowledge that it is essential for all thinking people to have. The title is somewhat misleading, in that it gives the impression that only one method is discussed, whereas the author outlines analytic as well as suggestive methods of treatment. He is evidently a highly practical and successful physician who believes as much in alleviating the symptoms of incurable disease as in curing such neurotic difficulties

as may be entirely removed by psychotherapy. His publication is therefore of particular value, inasmuch as it demonstrates how quacks of various kinds are successful in dealing with organic disease, for he explains clearly that there is a large functional or psychological element in the suggestive symptoms of many somatic ailments.

Such adverse criticism as may be made is of details which are rather inevitable defects of the style in which the author has chosen to present his subject. Writing for the layman, he is apt to make rather broad and careless statements which might arouse the antagonism of the critical mind of the professional reader. In describing the unconscious, for instance, and its capacity for intelligence, he talks of the unconscious recognizing a disturbance of protein metabolism, and in virtue of this knowledge correcting the appetite of a patient with such a disorder. Graver mistakes are made in his speaking of chorea and anæmia as functional diseases in a way which might lead the lay reader to think that these diseases never have any organic basis. Such a misconception might prevent a patient from seeking prompt and expert attention. On the other hand, he repeatedly urges the necessity of all psychotherapy being left in the hands of well-trained medical men alone.

This book, then, can be recommended highly to the layman who seeks a preliminary knowledge of the field of medical psychology, although it is too simple, too sketchy, and perhaps too carelessly written to satisfy those who are interested in psychotherapy as an exact science.

JOHN T. MACCURDY.

New York City.

EDUCATION DURING ADOLESCENCE. Based partly on G. Stanley Hall's *Psychology of Adolescence*. By Ransom A. Mackie, M.A. With an introduction by G. Stanley Hall. New York: E. P. Dutton and Company, 1920. 222 p.

This book is to a large extent a presentation of the views of Stanley Hall on the special educational problems of adolescence. The author examines various curricula in high schools and discusses in detail several of the special subjects. A copious bibliography is appended to the book. The book presents in readable form a point of view of very great importance for education; if there is little that is novel in it, it focuses in a useful way a variety of material that is scattered throughout many journals and in many larger books.

C. MACFIE CAMPBELL.

Johns Hopkins University.

PSYCHOANALYSIS: A BRIEF ACCOUNT OF THE FREUDIAN THEORY. By Barbara Low. New York: Harcourt, Brace, and Howe, 1920. 199 p.

PSYCHOANALYSIS AND ITS PLACE IN LIFE. By M. K. Bradby. (Oxford Medical Publication.) London: Henry Frowde; Hodder and Stoughton, Ltd., 1920. 266 p.

PSYCHOANALYSIS: ITS HISTORY, THEORY, AND PRACTICE. By André Tridon. New York: B. W. Huebsch, 1920. 272 p.

Each of these books is interesting in itself (at least two of them are), but the three are interesting as a group because each author has set for himself the same task. Each believes that an intelligent public should understand something of psychoanalysis and its personal and social significance. Each undertakes to write a book that will stimulate interest and give this information. Each does it differently, of course. Mr. Tridon in a small book undertakes to explain the theories of Freud, Adler, Jung, and Kempf and then to discuss them in relation to a large variety of things. The result (aside from the exposition of the theories themselves, which on the whole is good) is a series of staccatolike paragraphs in which there is little exposition or discussion—mostly dogmatic statements from which it is practically impossible to differentiate fact from hypothesis or fancy. The book is also marred by a poor selection of material or, one is inclined to say, a lack of selection. What possible good, for example, may be expected from such a chapter as the one on Treatment? One's interest in the subject of psychoanalysis does not grow with the reading of Mr. Tridon's book. Rather, one finishes the book with a feeling of relief that one's duty toward it (and, I fear, a good many will feel toward the subject) is done.

Mr. Tridon will know how to evaluate these criticisms. He will find emotion lurking in them, and that will indicate to him that somewhere he has "hit" one of my own "complexes"! Probably he has. But why should Mr. Tridon give my "complexes" such a whang that I am bound to recoil? He does not wish me to recoil. At least he says so. He wishes to interest me. His intentions, no doubt, were good; put it down to lack of skill.

Miss Low and Miss Bradby wish the same and, so far as I am concerned, they have succeeded. What they have said interests me very much. My interest grew with each chapter, and I find that through both books are checks and comments I have placed there—here a reference to consult, here something of Freud's to pursue further, and on page after page checks with question marks indicating that I wish to return to these paragraphs at a later time for more careful consideration.

Both Miss Low and Miss Bradby proceed to their task thoughtfully. Each selects with care the material she wishes to use and then develops her exposition clearly and systematically. The result is that while one may not agree with all that either has set down, one must needs come away thoughtful (and many, we believe, hoping that much that has been said will eventually turn out to be correct).

Miss Bradby chooses to cover more ground than Miss Low, although considerably less than Mr. Tridon. She confines herself largely to the theories of Freud, although with a considerable independence of thought, and discusses in this connection the unconscious, the theory of complexes with an explanation of various types, repression, dreams and their interpretation, unconscious primitive traits in present-day thought, the place of psychoanalysis in everyday life, and finally the light that may be thrown on biography by psychoanalytic study. Some students friendly to psychoanalysis have objected to the latter form of study, but Miss Bradby's analyses seem helpful. One thinks no less of Nelson or Michael Angelo or Browning after such a study; rather, one has a more sympathetic understanding (granting the analyses to be correct) of traits and conduct that one has previously been inclined, along with the rest of the world, to condemn. Certainly (granting again that the analyses be correct) one is led to understand and to evaluate better some of the things one is inclined either to approve or to blame in oneself, one's friends, and one's heroes. The author's discussion of the steps in sexual fixation (pp. 51-56) is excellent, and special mention may be made also of the chapters *Symbolism in Art and Literature*, *Psychoanalysis and Evolution*, *Psychoanalysis and Morality and Religion*.

Dr. Ernest Jones, in a foreword to Miss Low's book, points out the peculiar difficulties in the way of one who attempts the task the author has set for herself. "It is never an easy matter to present a complex science in outline, but with psychoanalysis several special circumstances make the task of simple and satisfactory exposition an almost insuperable one. To begin with, it is a new and growing science, and it is always found that the ease of popular presentation depends on the extent to which a given sphere of knowledge is relatively complete and finished. When fairly stable conclusions have been clearly defined from many angles, it is possible to formulate them in simple language, even though the implications of them may be complex and elaborate enough. During the earlier stages of development, however, when the conclusions are more fluid and less sharply defined [one would never guess from Mr. Tridon's book that psychoanalysis was in this stage] it is very hard to reduce them to an easily intelligible form and to assimilate them to common knowledge, since the bearings of partial generalization are only evident to those

who have already made some study of the subject. This is especially true when, as in the case of psychoanalysis, the conclusions reached are strange and startling; the more foreign they are to familiar knowledge, and the more repellent to preconceived opinions or prejudices, the harder it is to make them either acceptable or readily comprehensible."

Having read Dr. Jones' foreword and the lines from *Bishop Blougram's Apology* (Browning)

"The common problem, yours, mine, and every one's,
Is not to fancy what were fair in life
Provided it could be—but, finding first
What may be, then find how to make it fair
Up to our means—a very different thing!
No abstract intellectual plan of life,
Quite irrespective of life's plainest laws,
But one a man who is man and nothing more
May lead within a world which (by your leave)
Is Rome or London—not Fool's Paradise."

quoted on a flyleaf, one is already in a proper mood to attend seriously to what Miss Low has to say.

Of what Miss Low has to say one would like to quote a good deal, not only for what is said, but for the way in which it is said. Miss Low has made a painstaking effort at clear conceptions and accurate statements. There is little dogmatism. There is real democracy among her categories. What she believes to be facts sit at the head of the table. Theories, hypotheses, opinions, all have suffrage and sufferance, but they are suitably clothed in what represents their proper state and relative importance to the whole and without pretense stand for precisely what they are. The communism of some books on the subject is missing. Where an opinion has gathered about it a number of friends and has decked itself out in clothes it has filched from some unsuspecting, but more fully developed category, the herd critique is made felt through the powerful, but little word "if." And when, in this spirit, one has read the five chapters, *The Scope and Significance of Psychoanalysis, Mental Life—Conscious and Unconscious, Repressions, The Rôle of the Dream, Treatment by Psychoanalysis* and, coming to the last chapter, finds it headed, not *Social and Educational Results of Psychoanalysis*, but *PROBABLE Social and Educational Results*, one proceeds to it with confidence and interest, and at the conclusion turns to the appendix to select another book from the list of references with which to continue one's study. We know of no recent book better suited for one who wishes an introduction to the study of psychoanalysis.

FRANKWOOD E. WILLIAMS.

New York City.

THE PROBLEM OF THE NERVOUS CHILD. By Elida Evans. New York: Dodd, Mead, and Company, 1920. 296 p.

In this book the authoress gives a somewhat one-sided presentation of the factors that are at the basis of the wayward and disconcerting behavior of the nervous child. The psychoanalytic approach to these problems is emphasized to the neglect of other aspects. But if the book is one-sided, it may at least help to correct the one-sidedness of other books which deal too much with the externals of a child's life and too little with the complex forces working in the depths of a child's nature. There is, however, no reason why these forces should not be described in terms that bring the behavior of the child more closely into relationship with general biological reactions. The authoress has preferred to use the rather technical language of the psychoanalytic school.

While her presentation of individual cases and of general principles is not always convincing, the book will stimulate thought on a vital topic. The lay reader will do well to reserve judgment as to the authoress' interpretation of many of the cases.

C. MACFIE CAMPBELL.

Johns Hopkins University.

THE GOOD MAN AND THE GOOD: AN INTRODUCTION TO ETHICS. By Mary Whiton Calkins. New York: The Macmillan Company, 1918. 219 p.

Miss Calkins is a well-known contributor to the literature of psychology and philosophy. She writes well and forcibly and unfolds her subject in an orderly manner. The reviewer is, therefore, neither inclined to criticize the subject nor the method of the author other than to speak well of both. It is the viewpoint, rather, that it seems lends itself to critical discussion.

Despite the fact that the preface states that the book is not a "subjectivistic" treatment of ethics, the reader, at least in the person of the reviewer, gains an entirely different impression, an impression that, as a matter of fact, that is exactly what it is. This impression is gained more particularly from the first chapters, and although it is mitigated somewhat as the discussion proceeds, it continues throughout. The whole book might be described as a somewhat labored effort to define the good, the good man, and such concepts as virtue, justice, the beautiful, etc., and while there is much reference to the anthropological sciences for illustrative material, much of the discussion is reminiscent of those Hellenic dialogues wherein a concept was thrashed over and over again until it had yielded its last grain. Such a treatment of the subject is highly idealistic and smacks of the library rather

than the street, and is better calculated for those of a meditative mood than to be of service in the actual problems of real life.

In this day of behaviorism, psychoanalysis, and genetic psychology, it would seem that ethics might well have been approached by tying it up with these several disciplines in a way that would have illuminated it so as to single it out of its murky, scholastic background and identify it for all time as one of the humanities. The author, for example, takes no cognizance of the unconscious origin of activities which have ethical significance except to note that the ethical "ought" is compulsive. It would be a really worth-while service to examine into the nature of this compulsive attribute to find out from whence it comes, its significance, and its value. This alone is, of course, a large order, and many more such might be suggested.

If the book is intended as offering a philosophical foundation for ethics, then it does not take sufficient account of the other sciences; if it is intended for individual guidance, it does not touch deeply enough the problems of human nature. The book is rather a learned discussion of certain ethical concepts from the purely conscious level and from a rich background of learning. It fails in relating this discussion to such practical types of problems as have to be met by those who are actively engaged in matters of mental hygiene.

WILLIAM A. WHITE.

St. Elizabeths Hospital.

LA CRAINTE DU DANGER CHEZ LE COMBATTANT. By René Cruchet, M.D. Paris: *Extrait du Mercure de France*, 1919. 45 p.

LE COURAGE GUERRIER. By René Cruchet, M.D. Paris: *Extrait du Mercure de France*, 1919. 19 p.

The first study, concerning itself with fear of danger, uses the author's experiences in the great war as its material. Cruchet considers fear as a reflex, with physical and psychical phenomena, arising largely out of surprise. Especially does panic "develop in the critical moments, during intense bombardments, when the field of consciousness is retraced and the man is reduced to a sort of sheep of Panurge, ready to follow passively all his impulses."

To assume indifference, not to be surprised at anything, to shrug the shoulders and to take things as they come is the essence of the prevention of fear and panic—this is the conclusion of Cruchet. It would seem a thing easier said than done.

The companion study takes up war courage as its theme.

The author defines this as the voluntary state which conquers the fear of the dangers of war. He chooses for his human subject the "classical *poilu*."

He discusses two varieties of courage: the common physical courage, which undertakes great deeds and in which fear is minimum—the active courage—and a type which is not physical, does not manifest itself in deeds, and is subjective—a moral, passive courage.

The French *poilu* was an artist, taking delight in the job, desiring to finish it off with grace and skill, with the little flourishes of the master craftsman. His was the active courage *par excellence*, where the order, the duty, the means of action preoccupy the mind so that there is no fear.

In the moral courage, the desire for the end overcomes the fear after a struggle; there is a real grapple with one's own self, and the action taken has a high ethical value.

In the courage of the warrior there is an assemblage of qualities—physical qualities, intellectual and moral qualities. The brutal discipline imposed on slaves does not create courage; courage comes when free men, accepting the ideals of their leaders, strive to achieve those ideals.

Altogether, two charming little articles.

ABRAHAM MYERSON.

Boston, Massachusetts.

THOUGHTS OF A PSYCHIATRIST ON THE WAR AND AFTER. By William A. White, M.D. New York: Paul B. Hoeber, 1919. 137 p.

Not infrequently physicians have found a means for self-expression in writing books. When these books have dealt with things within their own field of experience or special training, as with biographies or autobiographies or memoirs or, occasionally, with medical history, the result has now and then been important. When, however, the physician has attempted to generalize his special knowledge or to apply it in fields where he can claim no special fitness, the result has usually been dullness or worse because of the exhibition of a woeful lack of knowledge and understanding of the fundamental principles involved or a platitudinous reiteration of facts and opinion long arrived at by experts in that particular field. Eminent exceptions to this statement one, of course, recalls at once—Holmes, Mitchell, Osler, Geddes, and, undoubtedly, Ernest Southard had he lived to complete his work.

One may question, however, what may be the value of any physician's "thoughts" on war and after war. Why should a physician's thoughts on this subject—aside from that part with which he was immediately concerned—be any more valuable than the thoughts of any intelligent, well-informed person who does not think to make a book of them? Isn't it a little gratuitous? Are not the causes of war, and the readjustments that follow, social, eco-

nomic, and political? Must we not look to the experts in these fields for thoughts on these subjects? Their thoughts will be of jealous and antagonistic races and nations, of economic rivalries, of coal and iron and oil and land, of systems such as capitalism and socialism and Bolshevism, of armaments, national revenge, balances of power, autocracy, democracy, and the like. But important as these are they are surely things of the surface, symptomatic of a deeper-lying pathology. What lies back? Statesmen have no answer, but the churchmen tell us that the world has drifted away from Christian teaching, that we talk about, but do not act upon, for example, the Sermon on the Mount. It probably is not impertinent to ask why, perchance, this is so. Why, as individuals or as nations, do we not more nearly exemplify the Sermon on the Mount? Is it sheer perverseness? Are we really marked with original sin as we were once ardently told? Are we stiff-necked in our sinfulness, and have we failed to avail ourselves of the means of redemption? Or are there other forces at work? Forces, mayhap, that tend to make us willful, to make the worse seem the better course, to make us think one thing (the Sermon on the Mount) and do another, that keep us from desiring redemption?

Maybe there are such forces, and if there are, the one most likely to learn of them will be the one who has been studying intimately these problems in their individual setting. This Dr. White has long been doing, and he speaks quite within his field when he writes this little book.

I have intimated a much larger task than Dr. White has set for himself. The book is not a profound book, but is worth while nevertheless. The more valuable, probably, in a general sense, for not being too profound.

Briefly, Dr. White's thesis can be summed up as follows: The human animal, like all animals, has certain fundamental instincts which it spends its life in endeavoring to satisfy. While there are a number of instincts, all of them may be classified into two fundamental ones—the self-preserved instinct (type, hunger) and the race-preserved instinct (type, sexual). The progress of man from savagery to civilization does not consist in the destruction of these instincts, but in the suppression—repression—of the primitive ways of satisfying them and the utilization of the energies so repressed to find satisfaction in ways that are progressively more and more removed from the primitive types. This is the process of sublimation.

When, for purposes of protection, it became desirable for men to herd in bands, there arose the factor of the welfare of the group as a distinct end in itself, often, if not always, of superior importance to the welfare of the individual members. There arise situations, therefore,

in which the interest of the individual and the interests of the herd are not the same, but, the group being more powerful than any individual member of it, the interests of the individual have to give way to those of the group. The instinct to kill, for example, has been sidetracked into a more devious path for its satisfaction, a path beset with all sorts of obstacles from the standpoint of the individual's cravings, but one that serves the interests of the herd far better; this instinct, from being satisfied by actual killing, came to seek satisfaction in the sublimated forms of condemnation, trial, etc.

In this opposition of the interests of the individual in his efforts to satisfy his fundamental instincts and the interests of the herd is a basic problem upon the successful solution of which depends the success of man's efforts to reach even higher goals in his struggle upwards. This is the fundamental conflict which conditions man's activities as a member of society.

In the process of development, instincts, like physical functions, become integrated, the parts in the service of the whole, so that the well-rounded, integrated individual is one in whom all of the instincts operate, but in the service of the needs of the whole individual. When, for example, any one instinct is enabled, for any reason, to gain the mastery of the whole organism so that it dominates its activities, that individual is sick. Activities result which are not useful to the herd, and the individual becomes asocial or antisocial according to whether his activities are negatively or positively injurious to the herd. Integration is in itself a process of development, and failure of integration is, therefore, an indication of lack of development or of relative immaturity. In other words, the domination of any particular instinct is detrimental to the social usefulness of the individual, and therefore tends to unfit that individual for the fullest life as a member of the social group.

The failure of integration brings to bear the herd critique. It represents the force of the herd making for its own ends and compelling the individual to abandon—repress—the immediate gratification of his own instincts. But this force is not only negative, but positive—in that it produces the desire for the reward of social esteem. In the end, the instinct remains the same, but it is applied in more socially acceptable and useful ways; it has become sublimated. *It is, therefore, not the instinct that changes, but its application.* Development might thus be expressed by a description of the objects of interest as they successively replace one another and represent progressively more socially valuable activities.

"The child of two or three years that appropriates something that does not belong to it is not treated either as a criminal or with hate. It is corrected, often in a more or less facetious way, to the end of

bringing it to understand the difference between mine and thine. Our attitude, while one of repression, is also one of education and emotionally is kindly and indulgent. Toward the criminal, on the other hand, it is one of repression, punishment, and hate. Why the difference? It is because in the child's activities we recognize something that belongs to the child period, while in the criminal we see a form of activity which should have been left behind in the process of growth and development, should have become a part of the individual's past. We see the anachronism of an infantile type of conduct in an adult setting. . . . Similarly with other forms of abnormal conduct. We are coming to see in all of them ways of expressing the instincts which are relatively undeveloped, infantile."

We must learn to see individuals, races, species as but reactions of adaption, more or less successfully integrated, to meet the problems which have confronted them in the unfolding of the great creative energy in the face of the obstacles that have blocked their pathways. Conduct must be judged from the point of view of the relative maturity or immaturity of the reacting individual, organ, or group. For certain nations that are as yet in a relatively immature stage of civilization the standard is very different from that of more developed, more highly evolved nations. Nations may have developed to a point that demands higher types of individual and social conduct, but it does not follow that when such nations attempt to unite their efforts into a larger group, a league of nations, the standard will remain as high. Quite the contrary. The higher integration is in a youthful, infantile, primitive, undeveloped, immature state, and so, even though the constituent nations are highly evolved, their group actions may take on the characteristics that we have learned to associate with a relative immature state of development. Lying and deceit of all kinds are pretty well tabooed as types of individual reaction, but they are still in evidence in the diplomatic inter-relations between nations. International relations are higher forms of reality situations which have not yet developed mature and efficient types of reaction that have been laid down in an enduring structure of custom and law. Nations in their international relations have, then, to repeat the story of evolution much as does each child from the moment of impregnation to adulthood. The individual members of the race, however, are already highly evolved as individuals and in this new process of integration are called upon to make adjustments relatively of an immature kind. This necessity for going backward on the path of adjustment has been variously called reversion or regression. It involves a casting away of already acquired adjustments and reverting to an historically earlier type which has been found useful in the past experiences of the individual or the race. In evaluating human

conduct during a period of war, therefore, a distinction has to be made between conduct which is representative of the level already attained by the individual and the level of the race in its newest efforts.

The apparently new phenomena which seem to have been added during a state of war are these phenomena of regression, and they are apparently new because we see them manifest in persons who, as individuals, had always maintained a high standard of personal conduct, but in the new conditions imposed by war become violent partisans from whom reason seems temporarily to have vanished and who, contrary to everything in their past history, become apologists for every kind of regressive tendency.

Such manifestations surprise because we had come to think that they were impossible; in other words, we have thought that the ground gained by culture was gained for all time and so we are always unprepared to see such gross lapses. Our belief that all that has been gained by culture will be held is after all nothing but a wish, and it is because it is a wish, because the belief has back of it the motive power of a wish, that we are so unprepared to find that it is not true, and this despite the fact that we are surrounded by evidences of its untruth all the time.

This matter of regression is one of the most important psychological mechanisms to understand if we are to have any real comprehension of man's cultural advances and setbacks. As conflict arises between the organic needs of the individual and the needs of the group as a whole, the net result is to press all such needs into the larger service of the whole. This outer compulsion to serve the larger end can be successful only at the expense of pressing back, repressing, certain components of the energy representing those organic needs which are not addressed to this larger purpose, but, on the contrary, which are addressed to immediate, concrete, and selfish satisfaction. Such energies can thereafter be effectively expended, in a way satisfactory to both the individual and the group ends, only in a sublimated form, which means that immediate, concrete, selfish satisfaction must be replaced by a more remote, less concrete, and relatively unselfish type of reaction. Repression is an essential feature in cultural progress. Repressed material is essentially the same in all of us. The repressed material goes to form what is known as the unconscious—that is, that region of the mind which makes up its past history, but of which we are not ourselves aware. The essential nature of the unconscious can be summed up in the single word selfish or self-seeking. It knows only its own individual interests and would go to its goal irrespective of anything else. Other individuals' inconvenience, suffering, or even death are of no account to it. Immediate satisfaction of desire by

the means most readily available is its only formula, the seeking of pleasure and the avoiding of pain its only object. The unconscious, therefore, contains the records of our past as we have painfully climbed the road to civilization. It contains those tendencies to gluttony, to lust, to lying and deceiving, to hate, cruelty, and murder which characterize the savage and the child and upon the sublimation of which the progress of civilization depends.

These are precisely those characteristics which we find coming to the front in war time and which, when exhibited by persons we have learned to respect, so much surprise us. The explanation is evident. That great region of our past which we all hold in common has been uncovered and instinctive tendencies which had been repressed now again come to the surface and call for satisfaction. It is the phenomenon of regression. The psychic energy, instead of flowing to outside interests, turns back and refloods the channels along which it flowed in the process of development.

Such an abstract as the above is quite inadequate, but will give some idea of the basis of Dr. White's argument. It is especially worth any one's while to read carefully and thoughtfully the first three chapters, in which Dr. White outlines his thesis. Upon the basis laid in these three chapters he then discusses such subjects as the causes of war, certain tendencies quiekened by war, individualism vs. socialism—love and hate, and the socially handicapped. The book is a small one and inexpensive, and while it will disappoint some because of its lack of originality and profoundity, still, if read in the spirit in which undoubtedly it was written—as "thoughts" and not as a discourse—it will abundantly repay. One obtains value received in the first three chapters.

FRANKWOOD E. WILLIAMS.

New York City.

EDUCATIONAL TREATMENT OF DEFECTIVES. By Alice M. Nash and S. D. Porteus. Vineland, New Jersey: The Training School, 1919. 19 p. (Publication No. 18.)

The authors feel that the right educational treatment of defectives has met with only partial solution. With the best of intentions, a great deal of work has been done, but with poor results. "Many school superintendents are content to segregate a greater or less number of children in a special observation or opportunity class, and think that thereby the whole question is disposed of." "Even where the children for such classes are selected on the basis of a comprehensive mental examination, adequate provision for their training is not made by the use of a few woodwork benches and a pile of basketry material, plus a more or less intensive drill in reading, writing, and

arithmetic." The object of the paper is to summarize briefly Vinaland's experience in the educational treatment of defectives; its purpose is to record the failures, as well as the successes; it intends to admit frankly that some things are done from expediency and not wholly from right; it purports to discuss why a thing is taught rather than how to teach it.

In the first place, the special class fails, in a great many cases, either because it is not fitting the defective for any occupation or because he does not in after life follow the occupation for which he has been trained. "Children vary just as much in their capacities for manual training as they do in scholastic abilities. In the great majority of instances, special classes are not paying attention to this fact. Teaching a defective some scraps of woodwork or basketry is not helping very much to solve the question of his ultimate self-support."

"There are indirect advantages of special-class work with defectives, the main one being that the regular grades may do better when the feeble-minded are eliminated."

The paper calls attention to the right selection of children for training in the various departments. It states that for scholastic training the Binet tests give the best basis for classification. For industrial abilities the Porteus tests give the best indication. Of course Dr. Porteus himself would be as much opposed as any of us to admitting that either one of these series of tests was alone adequate for determining a diagnosis of the individual child, of his abilities, disabilities, and adaptabilities. A well-rounded study of the child from both a psychiatric and a psychological point of view is essential if success is to be obtained in understanding his needs.

The paper calls attention to certain rules that have been evolved from the experience of the authors:

1. Children two years or less mentally (average Binet-Porteus age) are excluded from kindergarten, because they are found to make no permanent gain.
2. Children of seven years or less, Binet age, made no use of reading either for pleasure or profit. Children with I. Q. below 50 should not be given any instruction in school subjects at all.
3. As regards number work, defectives mentally less than nine years, per Binet, unless displaying special aptitude, should be given only the most elementary work. Operations involving the use of pen and paper are utterly useless for such defectives. They either do not use or do not understand such operations.

Speaking of industrial classes and manual training for defectives, the authors highly recommend needlework as a most practical occupation; there is ample demand for workers, and it must contribute eventually, if not to self-support, at least to self-help. They remind

us that woodwork for the great majority of defectives must remain a hobby, its value being seriously limited by the fact that the trades to which it leads are too highly skilled for the defective to achieve competency in them.

They call attention to the great value of domestic-science training—to the fact that it has range enough for all kinds of defective ability and presents to the higher grades a means of livelihood. As regards basketry, they state that it is one of the poorest means of training, it is slow and unprofitable, and it has no future as regards the child. "The defective who can and does earn his living hereby is very rare."

"School gardening on a practical scale is not profitable in the city school systems, where most of the special classes are."

The paper is a very practical contribution to the subject of the training of defectives in special classes, from persons whose years of experience in connection with the education of mental defectives enable them to speak authoritatively upon this subject. The article is well written, concise, clear, helpful, and well worth reading. Throughout it the authors impress upon the reader one most important point—that without adequate supervision of the defective in the community, without proper after-care work, all our laborious efforts in training defectives are useless.

V. V. ANDERSON.

New York City.

OUR NERVOUS FRIENDS. By Robert S. Carroll, M.D. New York: The Macmillan Company, 1919. 258 p.

The author has already made several contributions dealing with intimate lessons gleaned from his patients, so that others might benefit by his store of knowledge. This is another small book apparently intended for lay consumption, illustrating a previous work, *The Mastery of Nervousness*.

There are twenty-three brief chapters in the make-up of the book, each written in semi-fiction fashion, portraying the lives of those addicted to so-called "nervousness." The separate chapters deal with individual cases from the author's experience. The narrative form, combined with the fact that the author is dealing with real life histories, makes a human appeal that tends to leave a clearer impression on one's memory than one gets from the books of other authors along similar lines.

The histories and clinical symptoms are readily recognized classical types, for the most part psychoneuroses and other individual personality difficulties commonly found.

The title of the book could fittingly be *Lessons in Right Living*, for most of the chapters deal with a conditioned situation and point out a moral as understood by the author. Without personal knowledge of Dr. Carroll's work, one can see from his book that he has a firm belief that metabolism, as related to diet and the digestive organs, has a most important place as an etiologic factor in these nervous states. On properly regulated work and the "omnipotence of the spiritual" he also lays much stress in making readjustments in his patients. In one chapter (XIX) Christian Science is advised. A few cases are cited in which personality situations are handled in a plausible fashion, yet in reading the book one looks forward to some contact with the more complex demands of life and is rather disappointed that more of the fundamental phases of the instinctive life are not displayed in what is considered a very fertile field which modern mental medicine has established as worthy of consideration.

This great host of "nervous friends" are always with us. They need to be better understood and better treated than they are at present. The author's patients undoubtedly have the benefit of his understanding sympathy and the application of common-sense, everyday principles in management. We should have more of this educational material from those who are successfully treating this class of patients. This book should serve a useful purpose to the average physician and the laity. To the neuropsychiatrist it adds little that is new in his work.

RALPH P. TRUITT.

Chicago, Illinois.

BOOKS RECEIVED

Bailey, Harriet. *Nursing mental diseases*. New York: The Macmillan Company, 1920.

Berry, Richard A., and Porteus, S. D. *Intelligence and social valuation; a practical method for the diagnosis of mental deficiency and other forms of social inefficiency*. Publication No. 20, Department of Research, Training School at Vineland, New Jersey, May, 1920.

Freud, Sigmund. *A general introduction to psychoanalysis*. Authorized translation, with a preface by G. Stanley Hall. New York: Boni and Liveright, 1920.

Mott, Frederick W. *War neuroses and shell shock*. London: Henry Frowde, 1919.

Pillsbury, W. B. *The psychology of nationality and internationalism*. New York: D. Appleton and Company, 1919.

NOTES AND COMMENTS

Colorado

The new home and training school for mental defectives, at Grand Junction, which is a branch of the institution located at Ridge, will soon be opened. There are about 300 applications for admission to this institution, which was authorized by the 1919 legislature.

Delaware

The first new building for the Delaware School for Feeble-minded is now nearing completion. It will accommodate 50 children. In addition, there are three farm buildings on the property which will be put in a proper state of repair. This institution was authorized by the 1917 legislature, which made an initial appropriation and created the Delaware Commission for the Feeble-minded.

Florida

Over \$200,000 was granted the Florida State Hospital by the 1919 legislature for additional land, new construction, and improvements.

Illinois

A new wage schedule has been put into effect which grants a 15 per cent increase to the employees of the state hospitals and charitable institutions.

Louisiana

A law authorizing the parish school boards to organize and maintain special classes or schools for mentally or morally deficient children was enacted by the 1920 legislature. Parents or guardians of children coming under this act must enforce regular attendance of their children or wards under penalty of a fine or imprisonment or both. Truancy is to be considered as delinquency and reported to the juvenile court, to be dealt with as determined by the judge of that court. The State Board of Education is authorized to aid in the support of these classes or schools out of any available funds at its disposal. Courses of study are to be approved by the State Board of Education.

House Bill 313, providing for admission to the new State Colony and Training School, and House Bill 315, amending the law establishing this institution, which were summarized in the July number of

MENTAL HYGIENE, were enacted by the Louisiana legislature and approved by the governor on July 7.

Massachusetts

A new schedule of wages for officers and employees of the institutions under the Department of Mental Diseases was authorized by the 1920 legislature. This schedule, which affects particularly the ward, administrative, and farm services, became effective June 1, 1920.

Michigan

The employees of the state hospitals have recently been granted an increase of wages.

Nebraska

A reception hospital will be constructed in the near future at the state hospital for mental diseases, at Hastings.

New York

A hospital for the care and treatment of discharged soldiers, sailors, and marines suffering from mental diseases, who entered service from this state, has been authorized. This hospital is to be known as the New York Military Hospital. It is to provide for 1,000 patients, to be located on Long Island, and to cost \$3,000,000.

A commission, appointed by the governor and consisting of the state architect, the state comptroller, the attorney general, a representative of labor, and a member of the medical profession, is authorized to make arrangements with proper authorities of the United States whereby the state agrees to construct such hospital and lease it to the United States for a term not exceeding ten years at an annual rental of not less than one-tenth of the total cost. The United States is to equip and maintain the hospital.

On account of the emergency that is recognized, the commission is relieved from complying with the state finance law, the public-buildings law, the labor law, and the civil-service law in proceeding with the construction, in order that the hospital may be completed as early as possible.

THE MARION NATIONAL SANATORIUM

Immediately after the Civil War, Congress established the National Home for Disabled Volunteer Soldiers. One by one "branches" were established until ten existed, widely scattered between Togus, Maine, and Pasadena, California. Into these homes there has flowed,

during the fifty-five years since the first one was established, a number of veterans equal to almost one-tenth of all those who served in the Northern army during the war. Many veterans received comfort and shelter during temporary periods of stress, while others spent the greater part of their lives in these homes. The high tide was reached in 1905, and since that time, with the falling rate of admissions and constantly increasing inroads made by death, the population has decreased until a year ago nearly half the 25,000 beds in the ten "branches" were vacant.

Last winter when the urgent need of more hospital facilities for the disabled veterans of the World War was engaging the attention of Congress, the Board of Managers of the National Home for Disabled Volunteer Soldiers, which includes in its membership the President of the United States, the Chief Justice of the Supreme Court, and the Secretary of War, called the attention of Congress to the fact that it had available in the various branch homes some thousands of beds, that from the very nature of the plants, they were capable of extension to practically any limit, and that units could be added as needed. The reasonableness of this proposition was at once apparent to Congress, and in the Sundry Civil Bill provision was made for the use of the various branches of the N. H. D. V. S. for the care of beneficiaries of the Bureau of War Risk Insurance.

After this legislation was passed, the Board of Managers took the proposition up with the Director, Bureau of War Risk Insurance, and in these conferences it became apparent that the most urgent need was for additional facilities for the hospitalization of World War veterans suffering from tuberculosis and mental disorders. To meet this need the Board of Managers of the N. H. D. V. S. has set aside two of the branch homes for conversion into sanatoriums for these two classes of patients. Committees composed of eminent men in the two lines of medical treatment referred to above visited various branch homes and reported to the Board that the Mountain Branch at Johnson City, Tennessee, was the most suitable for the treatment of tuberculosis, and the one at Marion, Indiana, for the treatment of neuropsychiatric disorders. Acting upon these reports, the board accordingly set aside the two branch homes indicated above and have arranged for their conversion into sanatoriums, one for tuberculosis and the other for mental disorders.

The National Tuberculosis Association and the National Committee for Mental Hygiene volunteered their services in an advisory capacity to the Bureau of War Risk Insurance and the Board of Managers of the N. H. D. V. S. in the establishment of these new hospitals.

The branch at Marion has officially been designated as the Marion

National Sanatorium, and it is hoped that alterations now under way will permit the reception of 300 patients early in November. As rapidly as possible further alterations are to be pushed, so that early in 1921 the capacity of 1,000 will be reached and by the end of the year the full capacity of 1,200. It would be difficult to find an existing institution more admirably adapted to serve as a great psychiatric hospital than the beautiful branch at Marion. Constructed on the cottage plan, with comfortable detached buildings of moderate size, set in a fine park of trees and lawns, this institution has all the general facilities needed for the care of a thousand patients, together with the administrative and domestic services and provisions for a large personnel of physicians, nurses, and others. In a preliminary report to the board of managers, the advisory committee appointed by the National Committee for Mental Hygiene recommended that the proposed hospital be designed for the most intensive treatment of mental disorders and that in no part of it should mere custody of patients find a place. The detailed plan that they presented was based upon a conception of a hospital for the treatment of mental diseases that would be a hospital throughout, so arranged that every patient, whether acute or chronic, could receive at all times the particular treatment which he required to promote his recovery or to stay the progress of his disease.

Naturally, an institution designed originally for an entirely different purpose required extensive alterations to fit it for such a task as that laid down. With the assistance of the Hon. Lewis F. Pilcher, State Architect of New York, plans have been made for remodeling existing buildings so as to provide four distinct services: Diagnostic, Educational, Continued Treatment, and Convalescent. The arrangement of the plant permits each of these services to be self-contained in a different portion of the institution.

The Diagnostic Service includes a reception hospital of 70 beds, with a pavilion of 24 beds for disturbed cases, a general medical and surgical hospital of 70 beds, and a diagnostic clinic, complete to the last detail, for the study of all problems in surgery, internal medicine, and the medical specialties that the cases received may be expected to present. Attached to this group is a medical center which will contain offices for the scientific staff, the medical library, conference rooms, and a complete laboratory equipped to do research work in neuropathology as well as in general pathology, serology, and physiological chemistry.

The Educational Service consists of 6 cottages accommodating 60 patients each. In this group education will be taken, in its broadest sense, to include all kinds of training required for the resumption of

social life, whether brought about through therapeutic or vocational occupation, physical culture, or any other means that can be brought to bear in securing social adaptability.

The Continued Treatment Service of 175 beds, in a group of 4 detached cottages, is for those patients who fail to make progress enough to justify their retention in the Educational Service and for whom nursing and individual treatment will very largely take the place of measures applicable to the others. From a survey that has been made of 574 war-risk patients in New York State hospitals, it is evident that this group is yet small. The extent to which it grows will depend in a very large degree upon the success of treatment administered, and the medical staff of the Marion National Sanatorium have set themselves the task of keeping down the size of this group by every possible means. When funds are available for new buildings, an entirely new reception hospital, a farm colony, tuberculosis cottages, and a small isolation hospital will be provided.

Even such a beautiful and efficient hospital as that into which the Marion National Sanatorium is being rapidly converted would be of little real value without a highly trained personnel, each specially fitted to perform his part of the work of solving the difficult problems that the mental diseases of the war have created. Realizing this, the board of managers has authorized a liberal allowance for physicians, nurses, and occupation- and physio-therapy aids. The schedule of salaries of physicians follows rather closely the pay and allowances of officers in the army. The superintendent and medical director is to receive the compensation of a colonel in the army who has had fifteen years of service, the clinical director that of a lieutenant colonel with ten years of service, senior physicians that of a major with five years of service, and assistant physicians that of captain. In addition all physicians will receive heated and lighted quarters, furnished except for china, bedding, linen, silver, and kitchen ware. Physicians, except internes, will not receive maintenance. Medical and dental internes will receive \$1,200 and full maintenance. The salaries of nurses range from \$2,400 for the director of nurses to \$1,080 for ward nurses, all with maintenance. Salaries of hydrotherapy, occupational-therapy, and physio-therapy aids and attendants are on the same scale. The laboratory, which is the core of any medical institution conducted along scientific lines, has not been neglected, and a fund of \$25,000 a year has been set aside for research into the special psychiatric problems presented by ex-service men.

A corps of sixty nurses has been authorized for the institution when running at its full capacity, including a director of nurses and principal of training school, an assistant director of nurses and as-

sistant principal of training school, eight supervising nurses, and fifty-two ward nurses. Although the absence of women and children makes it impossible to maintain a full training course for the degree of R.N., a postgraduate course in psychiatric nursing will be established and affiliations made with general hospitals in adjoining states, so that those who desire to secure training in mental nursing during their course of instruction will have an opportunity. The occupation- and physio-therapy department will also have facilities for training, and in the social-service department probationers will be received for practical training in psychiatric social work.

Until alterations are completed, patients will have to be selected and those presenting the graver conduct disorders cannot be received, but when these changes are completed, the only qualifications for admission will be that the applicant shall be a veteran of the World War, a beneficiary of the Bureau of Work Risk Insurance, and suffering from a mental disorder. In all cases the patients become members of the N. H. D. V. S., and it is hoped that by far the largest majority will always remain in the hospital upon a purely voluntary status. The sanatorium will not be a military institution, although its officers and other personnel will be almost entirely selected from those who served in neuropsychiatric work during the war, but the semi-military features that have helped to make these homes attractive and picturesque will be retained. Those in charge of the establishment of the new hospital are sparing no pains to create an institution in which the atmosphere will be that of hope and recovery. The youth and physical activity of the patients is recognized in the plans being made for diversion, occupation, the systematic cultivation of athletics, and physical training. Every possible occupation that can be used to arouse the interest and promote the recovery of the patients will be employed, and as soon as complete or partial restoration seems to be in sight, a strongly vocational trend will be given to all the activities previously carried on as therapeutic measures.

The formal establishment of this new hospital creates a new agency for the care of ex-service men suffering from the most severe and in some ways the most distressing of all the misfortunes that came to the men in military service. It is certain that during the next few years it will bring recovery and restoration to home and friends to several thousand such patients, but it is not unlikely that, in the end, the greatest service rendered by this institution will be the influence it will exert over others by maintaining as high standards of scientific treatment for those whose treatment must continue over a period of many months or years as for those who are more fortunate and have transient mental disorders. In this it will represent an unique medical

enterprise, combining in one institution all the advantages of treatment in a psychopathic hospital and, by using the same highly trained personnel, maintaining standards of treatment for those requiring long continued treatment that are impossible in the public institutions for the indigent insane throughout the country which have to carry on their work with much more limited resources and with the heavy handicap of a background of hundreds of uncured patients remaining from an earlier period in their existence.

**ANNUAL MEETING OF THE CANADIAN NATIONAL COMMITTEE FOR
MENTAL HYGIENE**

The Second Annual Meeting of the Canadian National Committee for Mental Hygiene was held in Vancouver, British Columbia, on June 22, 1920. Dr. Charles F. Martin, president of the committee, in his address outlined the work that had been accomplished by the committee during the year, mentioning particularly the mental-hygiene surveys conducted in British Columbia and Saskatchewan. Emphasizing the fact that the success of the mental-hygiene movement depended largely upon the training of medical students in the diagnosis and treatment of mental abnormality, Dr. Martin stated that the chief work of the committee must necessarily be directed toward the securing of such training for Canada's physicians. Reports were read by Dr. C. K. Clark, Medical Director, Dr. Gordon S. Mundie, Associate Medical Director, and Dr. C. M. Hincks, Associate Medical Director and Secretary. Of especial interest in Dr. Hincks' report was his account of the committee's activities in the field of industrial psychology. In entering this field, it was thought best for various reasons to begin with a study of juvenile labor. Consequently, a public-school survey is being conducted in Toronto, under the directorship of Dr. E. A. Bott, to ascertain such facts as the following: (1) the percentage of retardation among children who leave the public school to go to work; (2) the reason children under sixteen years of age leave school for industry; (3) the history of the past two years of the individual life of the child. It is hoped that this study not only will result in the evolution of a school program that will be better suited to the needs of backward children, but may eventually be extended to include the whole educational system, with a view to providing a more adequate preparation for citizenship.

The following officers were elected for the ensuing year:

Patron: His Excellency the Duke of Devonshire, Governor General of Canada.

Patroness: Her Excellency the Duchess of Devonshire.

President: Dr. Charles F. Martin.

Vice-presidents: Sir Arthur Currie, Sir Robert Falconer, Sir Lomer Gouin, Sir Vincent Meredith, Sir William Price, and Lord Shaughnessy.

Treasurer: Sir George Burn.

Associate Treasurer: Mr. George H. Ross.

Executive Committee: Dr. C. K. Russel, Chairman, Dr. E. A. Bott, Prof. J. A. Dale, Dr. A. H. Desloges, Dr. C. E. Doherty, Dr. J. Halpenny, Dr. C. J. O. Hastings, Dr. W. H. Hattie, Mr. Vincent Massey, President W. C. Murray, Dr. J. D. Pagé, Dr. C. A. Porteous, Prof. D. G. Revell, Hon. Dr. W. F. Roberts, Dr. E. W. Ryan, Prof. Peter Sandiford, and Rev. W. H. Vance.

Finance Committee: Mr. D. A. Dunlap, Chairman, Sir George Burn, Mr. J. B. Holden, and Mr. George H. Ross.

Subcommittee on Educational and Industrial Psychology: Mrs. D. A. Dunlap, Lady Eaton, Miss Helen Reid, Mrs. H. D. Warren, Dr. E. A. Bott, Prof. J. D. Dale, and Rev. W. H. Vance.

Executive Officers: Dr. C. K. Clarke, Medical Director; Dr. Gordon S. Mundie, Associate Medical Director; and Dr. C. M. Hincks, Associate Medical Director and Secretary.

The following members were added to the committee: Sir Arthur Currie, Montreal; Dr. Malcolm T. MacEachern, Vancouver; Dr. J. W. MacNeill, Battleford, Saskatchewan; Dr. A. D. Campbell, Battleford, Saskatchewan; Judge H. S. Mott, Toronto; Dr. George Anderson, Toronto; Mr. P. C. Larkin, Toronto.

CAPE PROVINCE SOCIETY FOR MENTAL HYGIENE

A deputation from the Cape Province (South Africa) Society for Mental Hygiene, to which is affiliated the Cape Town Committee for Care of Mental Defectives, has waited upon the Minister of Education, asking him to submit to the government the resolutions passed at the Child Welfare Conference in 1919. These resolutions were that the Conference "press upon the government the urgent need of immediate adequate provision to be made for the care, education, and training of the feeble-minded, including the establishment of suitable institutions and the appointment of medical experts who shall furnish the authorities with reports on the different schools, etc." The deputation was informed by the Minister of Education that the government had decided to open an institution at the Alexandra Hospital for Women and another at Frankenwald for girls.

It has recently been decided by the Committee of the Duxhurst Home, which has treated inebriates, to close that part of their work and to devote the home to care of feeble-minded girls of the better

class. These will be paying patients. Formerly these patients have been sent to Europe through lack of a suitable institution in South Africa, at an estimated annual cost of from £15,000 to £20,000.

A Society for the Study of Mental Hygiene and the Amelioration of the Lot of the Mentally Deficient has been organized in Johannesburg with Dr. Marius Moll as its chairman. The society plans to establish a home for the mentally defective.

Circulars have been issued by the Cape Province Society on the lines suggested by the Permanent Committee of the (1919) Child Welfare Conference. These propose two plans: (1) for the formation of local societies for mental hygiene, (2) for the formation of a National Council for Mental Hygiene. These plans were to be discussed at the Child Welfare Conference held in Bloemfontein in September.

ELLISVILLE, JONES COUNTY, MISSISSIPPI

Five hundred citizens of Ellisville and Jones County, Mississippi, recently subscribed \$200,000 to be added to the \$100,000 appropriated by the Mississippi legislature for the establishment of the Mississippi School for the Mentally Defective. The subscriptions were in the form of notes to be used in underwriting the needed loan. The funds subscribed will later be repaid by the city of Ellisville and Jones County. The success of the movement was largely due to the enthusiasm of the Hon. J. T. Taylor, Mayor of Ellisville.

THE FIFTEENTH INTERNATIONAL CONGRESS AGAINST ALCOHOLISM

The Fifteenth International Congress Against Alcoholism met in Washington, D. C., September 21-26, 1920. The decision to hold this Congress in the United States was made in 1913, when the Fourteenth Congress was held in Milan, Italy. The United States Government thereupon authorized the holding of the Congress under official auspices, with a formal invitation to foreign governments to participate and an appropriation to meet the necessary expenses. The plan then was to hold the next Congress in 1915, but the World War intervened, and it was not until the spring of 1920 that the American Executive Committee, appointed by the Department of State in 1914 to have charge of the arrangements for the Congress, was able to take up again its work of preparation.

In connection with the Congress, there was an exhibition of the materials and methods that are used throughout the world in the campaign against alcohol. It included scientific models, journals and

literature and charts and posters in many languages and from many countries, historic documents, etc. A number of national and international organizations, such as the World League Against Alcoholism, the World Prohibition Federation, the Women's Christian Temperance Union, and the Scientific Temperance Federation, held meetings and conferences at Washington during the period of the Congress at hours that did not conflict with its regular sessions.

Several of the papers on the program were of especial interest to students of mental hygiene, among them the following: *Nervous and Mental Diseases in Their Relation to Alcoholism*, by Dr. Paul-Maurice Legrain, Paris; *Latest Scientific Investigation in America of the Action of Alcohol on the Brain, the Nervous System, and Heredity*, by Dr. Charles R. Stockard, Cornell University; *Wine as a Cause of Alcoholism*, by Prof. Dr. P. Amaldi, Director of the Hospital for the Insane, Florence, Italy; and *Prohibition in the United States—Analysis of Results*, by Hon. Bird S. Coler, Commissioner of Public Welfare, New York City.

A feature of interest in connection with the Congress was the fact that it was the first international congress against alcoholism that had ever had an opportunity to meet in a country in which traffic in alcoholic liquor is prohibited by law.

AMERICAN INSTITUTE OF CRIMINAL LAW AND CRIMINOLOGY

The Twelfth Annual Meeting of the American Institute of Criminal Law and Criminology was held in Indianapolis, Indiana, September 16 to 18. Professor Edwin R. Keedy, of the University of Pennsylvania, presented a report of the Committee on Insanity and Criminal Responsibility. Among the papers read at the meeting was one by Dr. H. H. Goddard, Director of the Bureau of Juvenile Research, Columbus, Ohio, *In the Light of Recent Developments, What Should Be Our Policy in Dealing with the Delinquent—Juvenile and Adult?* and another by Dr. Herman M. Adler, State Criminologist, Chicago, *The Criminologist and the Courts, Illustrative Cases*. Dr. Horatio Pollock, Statistician for the State Hospital Commission, Albany, New York, presented a report of the Committee on Criminal Statistics.

CORRECTION

The article by Dr. S. I. Schwab, *Influence of War upon Concepts of Mental Diseases and Neuroses*, in the July number of *MENTAL HYGIENE* was reprinted through the courtesy of *Modern Medicine*. It was incorrectly credited to *The Modern Hospital*.

INSANE PERSONS IN JAIL

Editorial, *Indianapolis News*

Dr. Walter A. Jillson, who has charge of the Neuropsychiatric Division of the Public Health Service for the Seventh District, condemns the laws of Indiana for the reason that a former British soldier was confined in a northwestern Indiana jail because he was insane. No provision was made for his transfer to an insane hospital. The board of state charities demanded action. This was promised, but nothing was done. The case becomes one of more importance for the reason that the soldier is a British subject. The Public Health Service has agreed to take care of former members of the allied armies who become insane in this country. The federal government may now have to make an apology to Great Britain.

Jails were instituted for the temporary detention of men and women who are arrested on charges of having committed crimes or for the punishment of those who have been convicted of crimes. It sometimes becomes necessary to place a dangerously insane person in jail for a short time because no other place may be available for his safe keeping. There is no excuse, however, for keeping insane patients in jail for an indefinite period. There would be just as much reason for placing people in jail because they were afflicted with tuberculosis or typhoid fever as there would be because they are insane.

Probably this Englishman was not entitled to an insane hospital because he was not a legal resident of the community. That may be compliance with the law, but the law is too exclusive. For several years a campaign has been under way to prevent the detention of insane persons in jail. Such cases as that of the former English soldier serve to emphasize the need for a change.

DIVISION PSYCHIATRISTS OF THE FEDERAL BOARD FOR
VOCATIONAL EDUCATION

The Division of Rehabilitation of the Federal Board for Vocational Education is appointing in each of the fourteen geographical districts a psychiatrist who will serve as psychiatrist to the district. The duties of the district psychiatrist are as follows:

1. To assist the eligibility officer in determining eligibility;
2. To rate neuropsychiatric applicants for training;
3. To determine feasibility of training in each instance;
4. To assist the advisement section in deciding the particular sort of training indicated;
5. To advise as to diversion and recreation for neuropsychiatric trainees;

6. To advise in the follow-up work for the neuropsychiatric trainees;
7. In so far as possible, to maintain contact with such trainees, and assist in adjusting any conflicts that may occur during training;
8. To examine such trainees as present themselves for this purpose at the district vocational office, if it seems expedient to have him make the examinations personally rather than have them done by the district supervisor's office.

In view of the fact that a large part of the information upon which he must base his opinion as to the rating and advisement comes directly from the psychiatric department of the district supervisor's office, it is axiomatic that it is absolutely essential that he shall establish perfect liaison with the psychiatrist of that office, in order that this material shall not only be as complete as possible, but shall also be available at any and all times.

As his function is to determine feasibility of training and in a general way the kind of training indicated in the individual case, it becomes equally apparent that perfect liaison should be established between the psychiatrist and the section of advisement and training of the district vocational office. To this end it would seem feasible that a well-qualified advisement man and the psychiatrist work together, have desks immediately contiguous one to the other, and never at different times and different places determine the advisement in a neuropsychiatric case.

It will be found that the prospective neuropsychiatric trainees will under this plan divide themselves into these several classes:

Not Feasible

1. A class that requires intra-mural treatment, and in which, therefore, training is not feasible.
2. A class of trainees which require active treatment and for that reason are not trainable, or because the specific disease with which they are affected is an essentially progressive one and will make training not feasible.

Feasible

3. A class that may be trained under the usual conditions after the proper selection of vocation has been made by a qualified officer. This class will compose much the larger group under discussion.
4. A class in whom training is feasible only in a properly selected vocation under special supervision.

The psychiatrist will understand that the fact of his having placed a trainee in either of the first two classes enumerated above does not close the man's case, but that it shall be subject to revision at any time, and his classification shall again be determined without prejudice on a basis of the facts furnished at this revision.

He will be able to assist the advisement section in determining the proper vocation for the large group in Class 3, and they may be immediately put into training.

Class 4 will tax the ingenuity and skill of both the psychiatrist and the training and advisement section to the utmost, but it is believed that quite a large percentage of this class can be handled under present conditions, with the skillful guidance in the selection of vocation and placement in training that will accrue from the perfect liaison established between the psychiatrist and the advisement and training section. It will be necessary to provide special arrangements for the handling and training of the remainder of this group, and at the present time arrangements are being made which, it is believed, will satisfactorily solve this difficult problem.

Each case will be decided on its own merits upon a basis of the man's eligibility and feasibility considered in the light of "how he has acted in the past" and "how he acts at present," and without undue regard to the diagnosis or any preconceived ideas the psychiatrist may have. Wherever there is a reasonable doubt as to the feasibility of training, the prospective trainee must be given the benefit of the doubt.

The services of at least one neuropsychiatric social worker will be provided, as soon as it can be arranged, to assist the psychiatrist in maintaining contact, in doing the necessary follow-up work, in adjusting difficulties and conflicts that may arise during training, in obtaining histories including home environment, and in any other work that may be indicated.

APPRECIATIVE OF OFFERED ADVANTAGES

Editorial, *The New York Times*

Proof that the [New York] State Department of Health was well advised or inspired when it planned the holding in rural counties of what it calls "group consultation clinics" is given by the fact that the first of them, just held in Orange County, commanded the interest and presence of both physicians and patients in large numbers.

The physicians came to see in actual application the new devices for accurate diagnosis that hitherto have been available only in the larger cities, and the patients, either on their own initiative or the advice of the local practitioners, arrived from many miles around in order to take advantage of an opportunity hitherto denied to many of them because journeys to the larger medical centers are expensive.

No trace of jealousy on the one hand or of distrust on the other marked the welcome of the visitors—good evidence that some part of advanced medical knowledge has spread far, outside of the medical profession as well as in it, and that the too prevalent resort to the

worthless nostrums still so extensively advertised in the country papers may not be as much due as has been supposed to ignorance and obstinacy.

Clinics like the one in Goshen are to be held as soon as possible in the other rural counties that are asking for them eagerly, and thus there should be produced an appreciable improvement in general health conditions throughout the state.

TRAINING COUNTS

In a recent number of the *Hospital Social Service Exchange* of the American Red Cross, Department of Health Service, we find the following interesting item. It shows that training counts. The patient apparently had nothing wrong with his stomach, but why did the social worker have to point out that there might be something wrong with his mind?

"Not long ago there came to our office a patient who had been discharged a few hours previously. He had been in one of the medical wards, and the doctor felt that his condition needed no further treatment. During our conversation with the boy, we learned that he was bound for nowhere in particular. He had, before his entrance into the hospital, lived alternately with several sisters, but with each of them there had been some misunderstanding, and he no longer felt welcome in their homes. His father was dead and his mother, he stated, was in our city hospital (for mental cases). His statements were hazy, his manner was hesitating, and his general attitude suggested a mental abnormality. We communicated immediately with the doctor who had discharged him and found that no mental examination had been made because the man came presumably for a stomach disorder. It was finally agreed that he should remain in the hospital overnight while we made an investigation to find out what the real situation was. Investigation proved that the boy had a mother who had been an inmate of the city sanitarium for years and that the sisters were unwilling to have the boy with them because of his queer actions. For a period previous to his entrance into the hospital he had worked in a factory, and because his work was merely mechanical and required no brain effort, he got along very well. However, the sister stated that he never could find his way home from his work, but always wandered about the streets before he finally reached home late in the evening. By and by his foreman set him at another kind of work which required more initiative. The result was that the boy was discharged because he was incapable of holding the new job. The day after our investigation the boy was transferred from the medical ward to the neuropsychopathic ward for observation, and his latest diagnosis is that of dementia praecox."

SOCIAL UNREST AND DELINQUENCY

Fifty-third Annual Report of the New York State Board of Charities

Before the great cataclysm of the World War took place, experts had formulated ideas concerning the types of delinquents rather clearly into a few groups: namely, delinquency due to gross mental defect; delinquency due to slight mental defect (moronism) associated with affective deviation; delinquency due to constitutional psychopathic states associated with an inadequate personality, tendency to pathological lying, wanderlust, and other allied traits not useful to society; delinquency due to definite psychoses either of a constitutional type or organic in nature; delinquency due to extraordinary environmental reactions and occurring in presumably normal mentality. It was felt in pre-war days that the problem of caring for delinquent types could be fairly well met by the extension of mental clinics which would separate the various types known to exist and leave the residue of so-called normal individuals largely to the care of a modified parole system, after the abnormal mental types had been placed in institutions suited to their care, whereby much of the old horror of prison life would be abolished, with much better results as to the chances for the rehabilitation of the individual.

The World War, with its consequent upsetting of all ordinary balances in social and commercial life, flame-colored by the extraordinary emotional swings of the whole human race in connection with the death and devastation produced, has demonstrated that delinquency among the so-called normal type in the groups enumerated above is a thing which depends upon many factors, some but dimly recognized in the past, all of which affect the individual. Some of these traits reach back into heredity; others depend upon environment in childhood and general training; others are influenced by the constitutional peculiarity of the individual's character which may show extraordinary emotional traits, particularly in the direction of over-valuation of ideas, easy suggestibility, and the like. Individuals of this latter group in ordinary times might have remained staid and plodding citizens in a simple and unchanging environment, but ambitions and long submerged wishes were able to find an outlet through the excitement of the war or through extraordinary commercial situations arising during the course of the war, including unexpectedly high wages and vastly increased ability to satisfy personal whims and cravings. Under such circumstances many persons developed a peculiar attitude of mind quite at variance with former concepts of their station in life and the possibilities of their community. As a result we read of waves of crime which have swept over the world,

orgies of dissipation, and in particular an increase in crimes of acquisitiveness as witnessed in the tremendous increase in automobile thefts, silk stealing, and the like.

Delinquency, then, must be looked upon not only as the reaction of an individual possibly of an abnormal type, but also as the reaction of an individual in any of these types in relation to his environment when the environment itself shows extraordinary variation from what might be expected.

The consideration of these things demonstrates more forcibly than ever before how the whole future of the problem of delinquency depends first upon adequate diagnosis of existing mental or physical defect, the correction of these defects so far as possible, and the training of the individual in a scholastic and vocational way, and finally the placing out of the individual under supervision in the community in a sphere to which he will be suited by reason of the foregoing diagnosis and specialized training. It is important that institutions be adequately manned by a personnel having insight into these needs who will further assist in the rehabilitation of social liabilities under their care through an adequate graded scholastic and vocational system, and finally through a modern parole system which by social service will reduce environmental stress to the minimum.

Psychopathic states of all kinds represent abnormal mental reactions and a certain number of such individuals will always be found in any institution caring for delinquents. It is therefore a matter of administrative efficiency as well as of scientific value that such institutions have at least one ward equipped for the care of psychopathic cases wherein they may be treated by approved methods, including hydrotherapy and continuous baths. As is well known, many of the psychopathic upsets in such individuals are quite transitory in nature and the ability of each institution to care for its disturbed cases from time to time will prevent an undue number of transfers. This plan implies that cases showing actual psychoses or mental defect of such a character as to render the individual unable adequately to care for himself should be cared for in hospitals and institutions built and equipped for the care and treatment of such cases.

It is probably true that the human race as at present constituted requires a certain amount of repression and fear of consequences in order to prevent those less highly endowed from becoming antisocial and a nuisance. Therefore, just laws must always be the rule of the state. But we shall have taken a great step in advance when, in arranging for the care of crass delinquency as it now appears in our courts, we provide for its proper determination, care, and treatment rather than for punitive measures alone which are as old as the world and which to-day are as unsatisfactory as they always have been.

COPIES OF "MENTAL HYGIENE" WANTED

The National Committee for Mental Hygiene is frequently in receipt of requests from universities, public libraries, and institutions for complete files of MENTAL HYGIENE for binding. All back numbers can be furnished except the issues for April and July 1918.

The committee will appreciate it if subscribers who are not planning to bind their copies will send to it copies of these two issues. The files for the October 1917 and the April 1920 issues are also low, and the committee will be glad to receive copies of these too.

STATEMENT

As Required by the Act of August 24, 1912

OF THE OWNERSHIP, MANAGEMENT, ETC., OF MENTAL HYGIENE

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THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC. CLARENCE J. D'ALTON, Executive Assistant.	
Sworn to and subscribed before me this 22nd day of September, 1920. GEORGE O'NEILL, Notary Public.	

My commission expires March 30, 1922.

CURRENT BIBLIOGRAPHY *

MAY-AUGUST 1920

Compiled by

MABEL WEBSTER BROWN

Librarian, The National Committee for Mental Hygiene

Ahern, J. M. An inquiry into the mentality of juvenile adult delinquents. *Lancet*, v. 199, p. 108-10, July 10, 1920.

Allport, F. H. Behavior and experiment in social psychology. *J. abnor. psychol.*, v. 14, p. 297-306, Dec. 1919. References.

Anderson, V. V., M.D. State institutions for the feeble-minded. *Mental hygiene*, v. 4, p. 626-46, July 1920.

Bailey, Pearce, M.D., and Roy Haber. Mental deficiency; its frequency and characteristics in the United States as determined by the examination of recruits. *Mental hygiene*, v. 4, p. 564-96, July 1920.

Beresford, J. D. Psychoanalysis and the novel. *Freeman*, March 24, 1920, p. 35-39.

Bowman, K. M., M.D. Relation of defective mental and nervous states to military efficiency. *Mil. surg.*, v. 46, p. 651-69, June 1920.

Bronner, A. F. Individual variations in mental equipment. *Mental hygiene*, v. 4, p. 521-36, July 1920.

Campbell, C. M., M.D. The minimum of medical insight required by social workers with delinquents. *Mental hygiene*, v. 4, p. 513-20, July 1920.

Canadian national committee for mental hygiene. Mental hygiene survey of the province of British Columbia. *Can. j. mental hygiene*, v. 2, p. 1-59, April 1920.

Clark, J. E., M.D. Mental hygiene. *Alb. med. ann.*, v. 41, p. 145-58, May 1920.

Clark, L. P., M.D. Study of the socially maladjusted. *Med. rec.*, v. 98, p. 1-9, July 3, 1920.

Clark, Taliaferro, M.D. The United States public health service; field investigations in child hygiene and mental hygiene. *Mother and child*, v. 1, p. 42-45, June 1920.

Cornell, W. B., M.D. The new state law relating to retardation of public school children and its application. *Ungraded*, v. 5, p. 55-59, Dec. 1919.

Crichton-Browne, James, M.D. Notes on psychoanalysis and psychotherapy. *Lancet*, v. 198, p. 1248-49, 1296-98, June 5, 12, 1920.

Curtis, Hannah. Social service in mental cases. *Survey*, v. 44, p. 441-42, June 26, 1920.

Dashiell, J. F. Some psychological phases of internationalism. *Amer. j. sociol.*, v. 25, p. 757-68, May 1920.

Doll, E. A. Improper use of the I. Q. (intelligence quotient) *J. delinquency*, v. 5, p. 67-70, May 1920.

Dunlap, Knight. Are there any instincts? *J. abnor. psychol.*, v. 14, p. 307-11, Dec. 1919.

Edson, A. W. Education of mentally and physically handicapped children. *Ungraded*, v. 5, p. 121-25, March-April 1920.

Elwood, E. S. New York's new state hospital. *Mod. hosp.*, v. 14, p. 421-27, June 1920.

Elwood, E. S. The state hospital and the parole system. *Mental hygiene*, v. 4, p. 647-53, July 1920. Also in *State hosp. quar.*, v. 5, p. 389-95, May 1920.

Farnell, F. J., M.D. Personality and disease. *N. Y., Hoeber*, 1919. 5 p.

Fernald, W. E., M.D. After-care study of the patients discharged from Waverley for a period of twenty-five years. *Ungraded*, v. 5, p. 25-31, Nov. 1919. Also in *Can. j. mental hygiene*, v. 2, p. 97-104, April 1920.

Fildes, Lucy. Individual studies, their educational significance. *Stud. in mental inefficiency*, v. 1, p. 9-13, Jan. 15, 1920.

Folks, Homer. Reorganization of state institutions; opportunities for service on the part of the managers.

* This bibliography is uncritical and does not include articles or books of a technical or clinical nature.

State hosp. quar., v. 5, p. 351-61, May 1920.

Glueck, Bernard, M.D. Delinquents and corrections. Natl. conf. social work Bull., v. 23, no. 6, p. 3, May 1920.

Graham-Mulhall, Sara. After-care for the narcotic drug addict. Mental hygiene, v. 4, p. 605-10, July 1920.

Graham-Mulhall, Sara. After-care of the drug addict. Med. times, July 1920, p. 155-57.

Haines, T. H., M.D. Detecting the feeble-minded in a city school population. J. educ. psychol., Dec. 1919, p. 501-06.

Haines, T. H., M.D., and W. D. Partlow, M.D. Syphilis and feeble-mindedness in Alabama state industrial schools. Ohio state med. j., v. 16, p. 515, July 1, 1920.

Hassler, W. C., M.D., and O. L. Bridgman, M.D. Mental examination as an aid to pedagogical methods in the public schools. Arch. pediat., May 1920, p. 289-304.

Hoar, E. M. Report of special class language committee, Boston, Mass. Ungraded, v. 5, p. 108-15, 146-49, Feb., March-April 1920.

Hodder, J. D. Disciplinary measures in the management of the psychopathic delinquent woman. Mental hygiene, v. 4, p. 611-25, July 1920.

Hollingworth, L. S. Comparison of the sexes in mental traits. Psychol. bull., v. 16, p. 371-73, Nov. 1919. References.

Hollingworth, L. S. Special disabilities that contribute to retardation in school status. Ungraded, v. 5, p. 50-54, Dec. 1919.

Hours of work and health. Editorial in N. Y. med. j., v. 112, p. 195-96, Aug. 7, 1920.

Hughes, J. L. Adult and child: how to help, how not to hinder: a study of development by comradeship. Syracuse; Bardeen, 1920. 187 p.

Ide, G. G. Educability level of five-year-old children. Psychol. clin., v. 13, p. 146-72, May 15, 1920.

Jelly, A. C., M.D. Purposes and aims of special classes; a medical inspector's views after seventeen years' work. Ungraded, v. 5, p. 32-38, Nov. 1919.

Kraepelin, Emil. The German research institution for psychiatry. Dementia praecox stud., v. 3, p. 1-7, Jan.-Apr. 1920. Also in J. nerv. ment. dis., v. 51, p. 505-13, June 1920.

Laird, D. A. Psychopathic nursing. Amer. j. nursing, v. 20, p. 685-89, June 1920.

Laveson, Hyman, M.D. Defense mechanisms. Med. rec., v. 98, p. 302-07, Aug. 21, 1920.

Laveson, Hyman, M.D. The mental complex. Med. rec., v. 98, p. 58-60, July 10, 1920.

Laveson, Hyman, M.D. The mental conflict. Med. rec., v. 98, p. 145-46, July 24, 1920.

Laveson, Hyman, M.D. Psychoanalysis. Med. rec., v. 97, p. 952-56, June 5, 1920.

Lewis, O. F. Mobilizing the community against juvenile delinquency. Survey, v. 43, p. 765-67, March 1920.

Lloyd, J. H., M.D. The neuroses of peace. Arch. neurol. and psychiat., v. 4, p. 1-7, July 1920.

Macdonald, V. M. Psychiatry for nurses. Amer. j. nursing, v. 20, p. 824-33, July 1920.

Malzberg, Benjamin. Mental defect and prostitution. Eugen. rev., v. 12, p. 100-04, July 1920.

Marshall, J. E. The recidivist or habitual offender. Nineteenth cent., v. 87, p. 904-15, May 1920.

Martin, Frederick. Stammering; underlying causes and method of correction. Med. rec., v. 97, p. 914-16, May 29, 1920.

Maxfield, F. N. The use of intelligence tests. Ungraded, v. 5, p. 177-78, May-June 1920.

Mind and body. Editorial in N. Y. med. j., v. 111, p. 1127-28, June 26, 1920.

Mitchell, David. The clinical psychologist. J. abnor. psychol., v. 14, p. 325-32, Dec. 1919.

Morphy, A. G., M.D. Work of a psychopathic hospital. Can. med. assoc. j., v. 10, p. 616-23, July 1920.

Mundie, G. S., M.D. Need of psychopathic hospitals in Canada. Can. med. assoc. j., v. 10, p. 537-42, June 1920.

Nelles, F. C. The twenty-four hour school. J. delinquency, v. 5, p. 117-27, July 1920.

Neterer Inez. Follow up study of special class pupils. Ungraded, v. 5, p. 116-18, 150-54, Feb., March-April 1920.

Nolan, W. J. Some characteristics of the criminal insane. State hosp. quar., v. 5, p. 362-79, May 1920.

Norbury, F. G. M.D. Relation of defective mental and nervous states to military efficiency. Mil. surg., v. 47, p. 20-39, July 1920. References.

Norton, J. K. The mental ages of a group of 127 prostitutes. J. delinquency, v. 5, p. 63-66, May 1920. References.

The novelist's use of psychoanalysis. Editorial in *N. Y. med. j.*, v. 111, p. 1000-01, June 5, 1920.

Official classification of mental diseases and uniform statistical reports on insanity. *Can. j. mental hygiene*, v. 2, p. 110-15, April 1920.

Ogburn, W. F. Psychological bases for increasing production. *Ann. Amer. acad. pol. soc. sci.*, v. 90, p. 83-87, July 1920.

Parker, C. S. The human element in the machine process. *Ann. Amer. acad. pol. soc. sci.*, v. 90, p. 88-99, July 1920.

Paton, Stewart, M.D. The biological problem of adaptation. *J. nerv. ment. dis.*, v. 51, p. 413-19, May 1920.

Pearl, Raymond. Sterilization of degenerates and criminals considered from the standpoint of genetics. *Eugen. rev.*, v. 11, p. 1-6, April 1919.

Pilcher, L. F. Psychiatric classification in prison. *Amer. architect*, v. 17, p. 98-110, Jan. 28, 1920.

Polon, Albert, M.D. The relation of the general practitioner to the neurotic patient. *Mental hygiene*, v. 4, p. 670-78, July 1920.

Porteus, S. D. Test interpretation. *Train. school bull.*, v. 17, p. 68-72, June 1920.

Potts, W. A., M.D. Criminality from the eugenic standpoint. *Eugen. rev.*, v. 12, p. 81-99, July 1920.

Prince, E. A. Colonies for mental defectives. *Soc. hygiene*, v. 6, p. 357-64, July 1920.

Prince, E. A. Defective delinquents; prevention and provision. *Natl. humane rev.*, v. 8, p. 26-27, Feb. 1920. Also in *Ungraded*, v. 5, p. 134-36, March-April 1920.

Prince, Morton, M.D. Babinski's theory of hysteria. *J. abnor. psychol.*, v. 14, p. 312-24, Dec. 1919.

Progress of psychiatry in England. *J. ment. sci.*, v. 66, p. 152-55, April, 1920.

The prophylaxis of shell shock. *Lancet*, v. 198, p. 1177-78, May 29, 1920.

Psychical research. Editorial in *Amer. med.*, new series, v. 15, p. 347-48, July 1920.

Rivers, W. H. R., M.D. Freud's concept of the "censorship." *Psychoanal. rev.*, v. 7, p. 213-23, July 1920.

Rogers, A. L. The message of educational psychology to parents and teachers. *Can. j. mental hygiene*, v. 2, p. 60-72, April 1920.

Russel, C. K., M.D. The feeble-minded in Canada. *Can. j. mental hygiene*, v. 2, p. 91-96, April 1920.

Salmon, T. W., M.D. The future of psychiatry in the army. Reprinted from *Mil. surg.*, August 1920.

Sandy, W. C., M.D. Clinics for mental defectives in the state of New York. *Mental hygiene*, v. 4, p. 597-604, July 1920.

Schwab, S. I., M.D. Influence of war upon concepts of mental diseases and neuroses. *Mental hygiene*, v. 4 p., 654-69, July 1920.

Shaw, J. E. Reform of the penal system in Scotland. *J. ment. sci.*, v. 66, p. 142-51, April 1920.

Sheehan, R. F., M.D. Comment on rehabilitation methods from the neurologic viewpoint. *Mil. surg.*, v. 46, p. 636-45, June 1920.

Shrubsall, F. C., M.D. "The certificate of children of school age." *Stud. in mental inefficiency*, v. 1, p. 25-32, April 15, 1920.

Sidis, Boris. A lecture on the abuse of the fear instinct in early education. *J. abnor. psychol.*, v. 14, p. 333-48, Dec. 1919.

Smith, C. W., M.D. The unadjusted girl. *Soc. hygiene*, v. 6, p. 401-06, July 1920.

Smith, W. G. Immigration and defectives. *Can. j. mental hygiene*, v. 2, p. 73-86, April 1920.

Solomon, H. C., M.D. Social workers for mental hygiene. *Mod. med.*, v. 2, p. 465-66, June 1920.

Southard, E. E., M.D. The modern specialist in unrest; a place for the psychiatrist in industry. *Mental hygiene*, v. 4, p. 550-63, July 1920.

Taft, Jessie. Problems of social case work with children. *Mental hygiene*, v. 4, p. 537-49, July 1920.

Tait, W. D. Psychology and medicine. *Can. j. mental hygiene*, v. 2, p. 87-90, April 1920.

Tansley, A. G. The new psychology and its relation to life. *Lond.*; Allen, 1920. 284 p.

Taylor, J. D., M.D. Psychical research and the physician. *Bost. med. surg. j.*, v. 182, p. 610-12, June 10, 1920.

Terhune, W. B., M.D. A program of mental hygiene for nurses. *Amer. j. nursing*, v. 20, p. 815-24, July 1920.

Terhune, W. B., M.D. Relation of mental hygiene to public health. *Conn. dept. health. Bull.*, Jan. 1920, p. 5-11.

Thorndike, E. L. Psychological and educational tests. *Amer. physical educ. rev.*, v. 25, p. 228-33, June 1920.

Treadway, W. L., M.D., and L. O. Weldon, M. D. Psychiatric studies of

delinquents. U. S. pub. health reports, v. 35, p. 1195-1210, May 21, 1920.

Tredgold, A. F., M.D. Moral defectives. Stud. in mental inefficiency, v. 1, p. 4-8, Jan. 15, 1920.

Turner, F. D. Notes about institutions for defectives. Stud. in mental inefficiency, v. 1, p. 32-38, April 15, 1920.

Wallin, J. E. W. The concept of the feeble-minded, especially the moron. Train. school bull., v. 17, p. 41-54, May 1920.

Weldon, L. O., M.D. Psychiatric studies of delinquents; part II, a study

of physical and mental conditions of 100 delinquent white women in Louisville, Ky. U. S. pub. health reports, v. 35, p. 1247-68, May 28, 1920.

White, W. A., M.D. Extending the field of conscious control. Psychoanal. rev., v. 7, p. 148-58, April 1920.

Williams, J. H. Individual case history outline. J. delinquency, v. 5, p. 71-82, May 1920.

Williams, T. A., M.D. Causes of emotivity and their management. J. Amer. med. assoc., v. 75, p. 523-27, Aug. 21, 1920.

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